

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Feb 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000002458 (7)**

1. Corporation Name  
**HIDEO ISHIHARA INC.**

Principal Place of Business  
**85 BROAD ST  
NEW YORK NY 10004**

Mailing Address  
**85 BROAD ST  
NEW YORK NY 10004-2434**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/11/1994</b>	3a. Date of Last Report <b>06/01/1996</b>
21		26		4. FEI Number <b>13-377773</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
23		28		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KATZ, ROBERT J</b>	1.2 NAME	
STREET ADDRESS	<b>85 BROAD ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10004</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VTD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STECHEER, ESTA E</b>	2.2 NAME	<b>Esta E. Stecher</b>
STREET ADDRESS	<b>85 BROAD ST</b>	2.3 STREET ADDRESS	<b>85 Broad Street</b>
CITY-ST-ZIP	<b>NEW YORK NY 10004</b>	2.4 CITY-ST-ZIP	<b>New York, New York 10004</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ISHIHARA, HIDEO</b>	3.2 NAME	
STREET ADDRESS	<b>ARK MORI BLDG. 12-32, AKASAKA 1-CHOME</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MINATO-KU, TOKYO 107, JAPAN</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCHUGH, JAMES B</b>	4.2 NAME	
STREET ADDRESS	<b>85 BROAD ST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10004</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>Director and Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>David A. Vinlar</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>85 Broad Street</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>New York, New York 10004</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **James B. McHugh, Secretary** 2/6/97 (212)902-1000

CR2E034 (9/96)