FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000005612 (6)**

1. Corporation Name

CHINON AMERICA, INC.

Principal Place of Business	Mailing Address
615 HAWAII AVE. TORRANCE CA 90503	615 HAWAII AVE. TORRANCE CA 90503

2. Principal Place of Business 21 N/A	2a. Mailing Address 26 N/A
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified 10/28/1994	3a. Date of Last Report 07/13/1995
4. FEI Number 22-2544342	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name N/A
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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MATSUI, KIYOSHI		1.2 NAME	
STREET ADDRESS	615 HAWAII AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	TORRANCE CA 90503		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KITAZAWA, HIKARU		2.2 NAME	
STREET ADDRESS	1065 BRISTOL RD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	MOUNTAINSIDE NJ 07092		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	COLAMARINO, LEONARD J		3.2 NAME	
STREET ADDRESS	645 FIFTH AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022		3.4 CITY-ST-ZIP	
TITLE	CFO	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	PETROCELLI, PAT		4.2 NAME	
STREET ADDRESS	615 HAWAII AVE.		4.3 STREET ADDRESS	
CITY-ST-ZIP	TORRANCE CA 90503		4.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BILOUS, MICHAEL		5.2 NAME	
STREET ADDRESS	615 HAWAII AVE.		5.3 STREET ADDRESS	
CITY-ST-ZIP	TORRANCE CA		5.4 CITY-ST-ZIP	
TITLE	VD	☒ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	COLE, DAVID		6.2 NAME	
STREET ADDRESS	615 HAWAII AVE		6.3 STREET ADDRESS	
CITY-ST-ZIP	TORRENCE CA		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 added by attachment with an address.

SIGNATURE: Pat Petrocelli 4/16/96 (310) 533-0274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)