

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F94000006095 (3)

1. Corporation Name

TM AVIATION (JAPAN) INC.



Principal Place of Business

Mailing Address

% TOMEN AMERICA INC.  
1285 AVENUE OF THE AMERICAS, 36TH FLOOR  
NEW YORK NY 10019

% TOMEN AMERICA INC.  
1285 AVENUE OF THE AMERICAS, 36TH FLOOR  
NEW YORK NY 10019

3. Date Incorporated or Qualified  
11/30/1994

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

29 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES, INC.  
1201 HAYS ST  
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME OKUI, KAZUTAMI  
STREET ADDRESS 14-27 AKASAKA 2 CHOME  
CITY-ST-ZIP TOKYO JA

☐ DELETE

1.1 TITLE S  
1.2 NAME COHEN, ROBERT  
1.3 STREET ADDRESS 1285 AVE. OF THE AMERICAS  
1.4 CITY-ST-ZIP NEW YORK, N.Y. 10019

☐ Change ☒ Addition

TITLE V  
NAME YOSHIDA, TAKASHI  
STREET ADDRESS 1285 AVE OF THE AMERICAS, 36TH FL  
CITY-ST-ZIP NEW YORK NY

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE AV  
NAME MAYEDA, KAZUHIKO  
STREET ADDRESS 1285 AVE OF THE AMERICAS, 36TH FL  
CITY-ST-ZIP NEW YORK NY

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T  
NAME MUSHIKA, HIDEKI  
STREET ADDRESS 1285 AVENUE OF THE AMERICAS, 36TH FLOOR  
CITY-ST-ZIP NEW YORK NY 10019

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)