

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

**FILED**  
**May 01 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # F94000006095 (3)**  
 1. Corporation Name  
**TM AVIATION (JAPAN) INC.**



Principal Place of Business  
**% TOMEN AMERICA INC.**  
**1285 AVENUE OF THE AMERICAS, 36TH FLOOR**  
**NEW YORK NY 10019**

Mailing Address  
**% TOMEN AMERICA INC.**  
**1285 AVENUE OF THE AMERICAS, 36TH FLOOR**  
**NEW YORK NY 10019-8088**

3. Date Incorporated or Qualified **11/30/1994** 3a. Date of Last Report **05/01/1986**

4. FEI Number **13-3664834** 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

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24

2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29

9. Name and Address of Current Registered Agent  
**CORPORATION INFORMATION SERVICES, INC.**  
**1201 HAYS ST**  
**TALLAHASSEE FL 32301**

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>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OKUI, KAZUTAMI</b>	1.2 NAME	
STREET ADDRESS	<b>14-27 AKASAKA 2 CHOME</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TOKYO JA</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>YOSHIDA, TAKASHI</b>	2.2 NAME	<b>Nakano, Daizo</b>
STREET ADDRESS	<b>1285 AVE OF THE AMERICAS, 36TH FL</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	2.4 CITY-ST-ZIP	
TITLE	<b>AV</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAYEDA, KAZUHIKO</b>	3.2 NAME	
STREET ADDRESS	<b>1285 AVE OF THE AMERICAS, 36TH FL</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MUSHIKA, HIDEKI</b>	4.2 NAME	
STREET ADDRESS	<b>1285 AVENUE OF THE AMERICAS, 36TH FLOOR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10019</b>	4.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COHEN, ROBERT</b>	5.2 NAME	
STREET ADDRESS	<b>1285 AVE OF THE AMERICAS</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	5.4 CITY-ST-ZIP	
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: **X** \_\_\_\_\_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

CR2E034 (9/96)