

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

FILED

**Feb 06 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000002415 (6)
 1. Corporation Name
YAMATO TRANSPORT U.S.A., INC.



Principal Place of Business 19-26 HAZEN STREET FLUSHING NY 11370	Mailing Address 19-26 HAZEN STREET FLUSHING NY 11370-1211
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3. Date Incorporated or Qualified 05/17/1995	3a. Date of Last Report 10/02/1996
4. FEI Number 13-3019110	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 80 SEAVIEW DRIVE Suite, Apt #, etc.	2a. Mailing Address 26 80 SEAVIEW DRIVE Suite, Apt #, etc.
22 City & State 23 SECAUCUS, NJ	27 City & State 28 SECAUCUS, NJ
24 Zip 07094 25 Country U.S.A.	29 Zip 07094 30 Country U.S.A.

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET, STE 105
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	same
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

TITLE	PTD <input type="checkbox"/> DELETE
NAME	HIRAI, YOSHIFUMI
STREET ADDRESS	19-26 HAZEN STREET
CITY-ST-ZIP	FLUSHING NY
TITLE	SD <input type="checkbox"/> DELETE
NAME	OKUMURA, YASUHIKO
STREET ADDRESS	19-26 HAZEN STREET
CITY-ST-ZIP	FLUSHING NY
TITLE	D <input type="checkbox"/> DELETE
NAME	KANATANI, KUNIO
STREET ADDRESS	16-10, 2 CHOME, GINZA, CHUO-KU
CITY-ST-ZIP	TOKYO, JAPAN
TITLE	D <input type="checkbox"/> DELETE
NAME	HINATA, RYUZO
STREET ADDRESS	16-10, 2 CHOME, GINZA, CHUO-KU
CITY-ST-ZIP	TOKYO, JAPAN
TITLE	D <input type="checkbox"/> DELETE
NAME	SHIMIZU, AKIRA
STREET ADDRESS	1021 EAST 233 STREET
CITY-ST-ZIP	CARSON CITY CA
TITLE	D <input type="checkbox"/> DELETE
NAME	KATO, HISANORI
STREET ADDRESS	1317 ROYAL LANE
CITY-ST-ZIP	DFW AIRPORT TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Yasuhiko Okumura* **YASUHIKO OKUMURA/SECRETARY AND TREASURER** **01/24/97**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)