

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

FILED

Apr 29 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 # **F95000004621 (7)**

1. Corporation Name
~~FV FINANCE MF, INC.~~ **FV FINANCE MF, INC.**



Principal Place of Business 1-2-5, SHINKAWA, CHUO-KU TOKYO, JAPAN	Mailing Address 3-1-1, HIGASHI-KEBUKURO TOSHIMA-KU, TOKYO JAPAN
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2. Principal Place of Business
21 **1-11-6, AKASAKA**
Suite, Apt. #, etc.

2a. Mailing Address
26
Suite, Apt. #, etc.

22
City & State
23 **MINATO-KU, TOKYO**
Zip Country
24 **JAPAN**

27
City & State
28
Zip Country
29 **JAPAN**

3. Date Incorporated or Qualified
09/22/1995

3a. Date of Last Report
05/01/1996

4. FEI Number
98-0109026

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

**CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OHNO, YUJI	1.2 NAME	ASAKA, AKIRA
STREET ADDRESS	1-4-30, SAYAMADAI, SAYAMA-SHI	1.3 STREET ADDRESS	1-2-9, YAZAIKE
CITY-ST-ZIP	SAITAMA, JAPAN	1.4 CITY-ST-ZIP	ADACHI-KU, TOKYO, JAPAN
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HIROSE, TAKAHARU	2.2 NAME	HARA, YOSHIO
STREET ADDRESS	4-2-50, ROPPONGI, MINATO-KU	2.3 STREET ADDRESS	1-16-7, NARIMASU
CITY-ST-ZIP	TOKYO, JAPAN	2.4 CITY-ST-ZIP	ITABASHI-KU, TOKYO, JAPAN
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOMIYA, KAZUO	3.2 NAME	HAYAFUNE, KIYOSHI
STREET ADDRESS	3-2-27, MINAMI, SATTE-SHI	3.3 STREET ADDRESS	666-7, HOSHIKUKI-MACHI, CHUO-KU
CITY-ST-ZIP	SAITAMA, JAPAN	3.4 CITY-ST-ZIP	CHIBA-SHI, CHIBA, JAPAN
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____ SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **ASAKA, AKIRA** President Date **Feb. 12, 1997** Daytime Phone # **0520323**

CR2E034 (9/96)