

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 # **F95000004623 (3)**

1. Corporation Name
J.R.J. CO. (JAPAN)



Principal Place of Business Mailing Address
**1-26-2, NISHI-SHINJUKU, SHINJUKU-KU
17 FLOOR, SHINJUKU-NOMURA BLDG.
TOKYO, JAPAN**

3. Date Incorporated or Qualified 09/22/1995	3a. Date of Last Report
4. FEI Number 98-0109503	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input 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 checked="" type="checkbox"/> No	

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

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 **(SAME)**
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

TITLE	PD <input type="checkbox"/> DELETE
NAME	YAMAJUCHI, KIKUJI
STREET ADDRESS	47-8, SHIMOUMA 6-CHOME, SETAGAYA-KU
CITY- ST- ZIP	TOKYO, JAPAN
TITLE	D <input type="checkbox"/> DELETE
NAME	OHSHIMA, TOSHIJI
STREET ADDRESS	1-15, HIGASHI-CHO 5-CHOME, KOYA-SHI
CITY- ST- ZIP	TOKYO, JAPAN
TITLE	D <input type="checkbox"/> DELETE
NAME	NUNOME, KIROAKI
STREET ADDRESS	50-40, HIGASHI-OIZUMI 7-CHOME, NERIMA-KU
CITY- ST- ZIP	TOKYO, JAPAN
TITLE	D <input type="checkbox"/> DELETE
NAME	OZAKI, SHINGO
STREET ADDRESS	9-7, HIGASHI-TAMAGAWA-GAKUEN 1-CHOME
CITY- ST- ZIP	TOKYO, JAPAN
TITLE	D <input type="checkbox"/> DELETE
NAME	MOROHASHI, TOSHIYUKI
STREET ADDRESS	39, TOYOOKA-DORI-3-CHOME, MIZUHO-KU
CITY- ST- ZIP	NAGAYA-SHI, AICHI, JAPAN
TITLE	D <input type="checkbox"/> DELETE
NAME	FUJITA, YOSHIHIDE
STREET ADDRESS	17-10, TSUKUSHIMO 4-CHOME, MACHIDA-SHI
CITY- ST- ZIP	TOKYO, JAPAN

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 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: *Toshiji Ohshima* **(TOSHIJI OHSHIMA, DIRECTOR, 23 JAN 96)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)