

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

FILED

Mar 18 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 # **F96000000127 (8)**

1. Corporation Name

TORAY MARKETING & SALES (AMERICA), INC.

Principal Place of Business

**800 THIRD AVENUE
NEW YORK NY 10016**

Mailing Address

**800 THIRD AVENUE
NEW YORK NY 10016-1901**

3. Date Incorporated or Qualified

01/08/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

13-3456904

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

24

25

29

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9. Name and Address of Current Registered Agent

**KLETTE, MELISSA
5510 HARBORAGE DR.
FT. MYERS FL 33908**

10. Name and Address of New Registered Agent

81 Name

MELISSA KLETTE GERBER

82 Street Address (P.O. Box Number is Not Acceptable)

14535 BRUCE D. DOWNS BLVD.

83

APT 833

84

TAMPA

FL

85 Zip Code

33613

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

Melissa Klette Gerber

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|--|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | KAMIURA, MASAYOSHI | |
| STREET ADDRESS | 415 E. 54 ST. | |
| CITY- ST- ZIP | NEW YORK NY | |
| TITLE | S | <input checked="" type="checkbox"/> DELETE |
| NAME | SAWADA, SADAHIDE | |
| STREET ADDRESS | 14 PILGRIM DR. | |
| CITY- ST- ZIP | GREENWICH CT | |
| TITLE | T | <input checked="" type="checkbox"/> DELETE |
| NAME | INAMOTO, YOSHIYUKI | |
| STREET ADDRESS | 40 TEMPLE ST. | |
| CITY- ST- ZIP | HARRISON NY | |
| TITLE | CD | <input type="checkbox"/> DELETE |
| NAME | KABE, JUNICHI | |
| STREET ADDRESS | 420 E. 54 ST. | |
| CITY- ST- ZIP | NEW YORK NY | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

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 checked="" type="checkbox"/> Addition |
| 2.2 NAME | HIDEO MORI |
| 2.3 STREET ADDRESS | 1 IRVING PLACE, APT 420G |
| 2.4 CITY- ST- ZIP | NEW YORK, NY 10011 |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | CHARLES MEAD |
| 3.3 STREET ADDRESS | 600 THIRD AVE |
| 3.4 CITY- ST- ZIP | NEW YORK, NY 10016 |
| 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:

Charles Mead
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/97
Date

212-922-3716
Daytime Phone

0004906

CR2E034 (9/96)