

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
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DOCUMENT # F96000000127 (8)

1. Corporation Name
TORAY MARKETING & SALES (AMERICA), INC.



Principal Place of Business 600 THIRD AVENUE NEW YORK NY 10016	Mailing Address 600 THIRD AVENUE NEW YORK NY 10016-1901
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3. Date Incorporated or Qualified 01/08/1996	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 13-3456904	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

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 B1 Name MELISSA KLETTE GERBER B2 Street Address (P.O. Box Number is Not Acceptable) 14535 BRUCE D. DOWNS BLVD. B3 APT 833 B4 City TAMPA B5 Zip Code FL 33613
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAMIURA, MASAYOSHI	1.2 NAME	
STREET ADDRESS	415 E. 54 ST.	1.3 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NY	1.4 CITY- ST- ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAWADA, SADAHIDE	2.2 NAME	HIDEO MORI
STREET ADDRESS	14 PILGRIM DR.	2.3 STREET ADDRESS	1 IRVING PLACE, APT 420G
CITY- ST- ZIP	GREENWICH CT	2.4 CITY- ST- ZIP	NEW YORK, NY 10011
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	INAMOTO, YOSHIYUKI	3.2 NAME	CHARLES MEAD
STREET ADDRESS	40 TEMPLE ST.	3.3 STREET ADDRESS	600 THIRD AVE
CITY- ST- ZIP	HARRISON NY	3.4 CITY- ST- ZIP	NEW YORK, NY 10016
TITLE	CD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KABE, JUNICHI	4.2 NAME	
STREET ADDRESS	420 E. 54 ST.	4.3 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NY	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: *Charles Mead* 3/14/97 212-922-3716
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 0004906

CR2E034 (9/96)