

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 05 1997 8:00am
Secretary of State

DOCUMENT # F96000002734 (9)

1. Corporation Name
MC FRESH INC.

Principal Place of Business
PO BOX 3484
PEACEDALE RI 02883

Mailing Address
PO BOX 3484
PEACEDALE RI 02883-0396



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/31/1996		3a. Date of Last Report N/A	
21 Suite Apt. # etc.		26 Suite, Apt. #, etc.		4. FEI Number 05-0482210		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name N/A
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

Signature typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INOUE, TAKESHI	1.2 NAME	
STREET ADDRESS	3-1 MARUNOUCHI 2-CHOME CHIYODA-KU	1.3 STREET ADDRESS	
CITY-ST-ZIP	TOKYO JAPAN	1.4 CITY-ST-ZIP	
TITLE	CEO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INOUE, TAKESHI	2.2 NAME	
STREET ADDRESS	3-1 MARUNOUCHI 2-CHOME CHIYODA-KU	2.3 STREET ADDRESS	
CITY-ST-ZIP	TOKYO JAPAN	2.4 CITY-ST-ZIP	
TITLE	DVST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAKAGAWA, MASATSUGU	3.2 NAME	
STREET ADDRESS	17 EDGEWOOD DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT 06831	3.4 CITY-ST-ZIP	
TITLE	COO <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAKAGAWA, MASATSUGU	4.2 NAME	
STREET ADDRESS	17 EDGEWOOD DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT 06831	4.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ITO, MASAMICHI	5.2 NAME	
STREET ADDRESS	3-1 MARUNOUCHI 2-CHOME CHIYODA-KU	5.3 STREET ADDRESS	
CITY-ST-ZIP	TOKYO JAPAN	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUANG, I-CHENG	6.2 NAME	
STREET ADDRESS	11F-3 NO-243 I-HSIN 1ST RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	KAOSHIUNG TAIWAN	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: MASATSUGU NAKAGAWA, TREASURER 02/12/97 J05-A22-2KK2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/night Phone #

CR2E034 (9/96)