

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **F96000005725 (4)**

1. Corporation Name
KENWOOD SERVICE CORPORATION

Principal Place of Business
**2201 E. DOMINGUEZ ST.
LONG BEACH CA 90810**

Mailing Address
**2201 E. DOMINGUEZ ST.
LONG BEACH CA 90810**

FILED
Jul 25 1997 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/04/1996	3a. Date of Last Report
4. FEI Number 33-0549136	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 P.O. Box 22745
22 City & State	27 Suite, Apt. #, etc.
23 Zip	28 City & State
25 Country	29 Long Beach, CA
24	30 Zip
	30 Country
	30 90801-5745
	30 U.S.A.

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Director/President
NAME	TATSUTA, AKIRA	1.2 NAME	Yoshisuke Shimbori
STREET ADDRESS	2201 E. DOMINGUEZ ST.	1.3 STREET ADDRESS	2201 E Dominguez St
CITY - ST - ZIP	LONG BEACH CA 90810	1.4 CITY - ST - ZIP	Long Beach CA 90810
TITLE	S	2.1 TITLE	
NAME	HILAVATY, JAMES	2.2 NAME	
STREET ADDRESS	2201 E. DOMINGUEZ ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	LONG BEACH CA 90810	2.4 CITY - ST - ZIP	
TITLE	T	3.1 TITLE	
NAME	SATO, RYUICHIRO	3.2 NAME	
STREET ADDRESS	2201 E. DOMINGUEZ ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	LONG BEACH CA 90810	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	Director
NAME	FUKUCHI, HIROO	4.2 NAME	Motoaki Hirabayashi
STREET ADDRESS	2201 E. DOMINGUEZ ST.	4.3 STREET ADDRESS	2201 E Dominguez St
CITY - ST - ZIP	LONG BEACH CA 90810	4.4 CITY - ST - ZIP	Long Beach CA 90810
TITLE	D	5.1 TITLE	
NAME	SATO, MASA	5.2 NAME	
STREET ADDRESS	2201 E. DOMINGUEZ ST.	5.3 STREET ADDRESS	
CITY - ST - ZIP	LONG BEACH CA 90810	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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

7/17/97

CR2E034 (4/97)