

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

FILED
Feb 21 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 # H30006 (1)
1. Corporation Name
J D C (AMERICA) CORPORATION



Principal Place of Business WORLD TRADE CENTER BLDG 80 S.W. 8TH ST. #2801 MIAMI FL 33130	Mailing Address WORLD TRADE CENTER BLDG 80 S.W. 8TH ST. #2801 MIAMI FL 33130-3027
--	---

3. Date Incorporated or Qualified 11/08/1984	3a. Date of Last Report 02/19/1996
4. FEI Number 59-2469681	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**FRANQUI, ELSA M.
80 S.W. 8TH STREET
SUITE 2801
MIAMI FL 33130**

10. Name and Address of New Registered Agent

81. Name Raidl, Christina M.	
82. Street Address (P.O. Box Number is Not Acceptable) 80 S.W. 8th St., Suite 2801	
83. City Miami	
84. State FL	85. Zip Code 33130

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 from Florida with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Christina M. Raidl* **CHRISTINA M. RAIDL, SECRETARY** **2/18/97**
(Status, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	COOD <input type="checkbox"/> DELETE
NAME	MATSUKURA, NOBUYUKI
STREET ADDRESS	80 S W 8TH ST, SUITE 2801
CITY- ST- ZIP	MIAMI FL
TITLE	DCEO <input type="checkbox"/> DELETE
NAME	VLIET, RICHARD FRANK
STREET ADDRESS	MINATO-KU, TOKYO 106
CITY- ST- ZIP	JAPAN
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	FRANQUI, ELSA M.
STREET ADDRESS	80 SW 8TH ST 2801
CITY- ST- ZIP	MIAMI FL
TITLE	V <input type="checkbox"/> DELETE
NAME	BERLANT, JOEL M
STREET ADDRESS	80 SW 8TH ST SUITE 2801
CITY- ST- ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	KIYOTAKA, SHIMADA
STREET ADDRESS	4-9-9 AKASAKA
CITY- ST- ZIP	MINATO-KU TO
TITLE	<input type="checkbox"/> DELETE

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	V/D <input checked="" 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 checked="" type="checkbox"/> Addition
6.2 NAME	Raidl, Christina M.
6.3 STREET ADDRESS	80 S.W. 8th St., Suite 2801
6.4 CITY- ST- ZIP	Miami, FL

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 11 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Christina M. Raidl* **CHRISTINA M. RAIDL, SECRETARY** **2/18/97** **305-536-3311**
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

CR2E034 (9/96)