

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J70307 (0)

1. Corporation Name

U.S. JAPAN VAN LINES, INC.



Principal Place of Business

Mailing Address

% ANTONETTE CASTANEDA
2085 MUSTANG COURT
ST CLOUD FL 34771

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2085 MUSTANG COURT
ST CLOUD FL 34771

3. Date Incorporated or Qualified

04/27/1987

3a. Date of Last Report

02/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

9. Name and Address of Current Registered Agent

CASTANEDA-MAEDA, ANTONETTE
2085 MUSTANG COURT
ST CLOUD FL 34771

4. FET Number

59-2806913

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

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 607.0532 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

TITLE	P	DELETE
NAME	MAEDA, NORI	
STREET ADDRESS	2085 MUSTANG CT	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	VST	DELETE
NAME	CASTANEDA-MAEDA, ANTONETTE	
STREET ADDRESS	2085 MUSTANG COURT ST	
CITY-ST-ZIP	ST CLOUD FL	
TITLE	M	DELETE
NAME	HARDIN, CINDY	
STREET ADDRESS	1340 BEECHWOOD DR	
CITY-ST-ZIP	ST CLOUD FL	
TITLE	D	DELETE
NAME	MAEDA, ANTHONY C	
STREET ADDRESS	4851 J ST	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	D	DELETE
NAME	ROBINSON, HOWARD	
STREET ADDRESS	231 WEST WILLIAMS AVENUE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	DELETE
NAME	GORE, WENDY	
STREET ADDRESS	627 GLENGROVE LANE	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Antonette Castaneda-Maeda

APRIL 30, 1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)