

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

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Jan 17 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 # **K50126** (7)
1. Corporation Name:
EAST MEC, INC.



Principal Place of Business
**C/O JOHN SPUCHEES, ESQ., DEWEY BALLANTINE
1301 AVENUE OF THE AMERICAS
NEW YORK NY 10019-6092**

Mailing Address
**C/O JOHN SPUCHEES, ESQ., DEWEY BALLANTINE
1301 AVENUE OF THE AMERICAS
NEW YORK NY 10019-6022**

3. Date Incorporated or Qualified
12/08/1988

3a. Date of Last Report
03/29/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0087265		Applied For 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		29 Country		30 Country	
24		25		29		30	

9. Name and Address of Current Registered Agent HAMILTON, RUSSEL T. 5355 TOWN CENTER ROAD BOCA RATON FL 33486				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P. O. Box Number is Not Acceptable)			
83				84 City			
				85 Zip Code FL			

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 _____ DATE _____
Signature type or printed in case of registered agent and when applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAMAZAKI, TAKETO	1.2 NAME	
STREET ADDRESS	30 ROCKEFELLER PLAZA	1.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	1.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMANO, MASAMI	2.2 NAME	
STREET ADDRESS	30 ROCKEFELLER PLAZA	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAKAGI, SHIGERU	3.2 NAME	
STREET ADDRESS	30 ROCKEFELLER PLAZA SUITE 4325	3.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAKABAYASHI, MASAHIKO	4.2 NAME	
STREET ADDRESS	30 ROCKEFELLER PLAZA SUITE 4325	4.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	4.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAMADA, HIROHARU Kazuhiko Arahata	5.2 NAME	
STREET ADDRESS	30 ROCKEFELLER PLAZA, SUITE 4325	5.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAIGO, TERUHISA	6.2 NAME	
STREET ADDRESS	30 ROCKEFELLER PLAZA SUITE 4325	6.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	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: **K. Arahata** **Kazuhiko Arahata** 1/7/97 212-698-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)