

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 20 AM 7: 21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L59902** (1)  
1. Corporation Name  
**PARCEL JH DEVELOPMENT, INC.**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
C/O JAMES MC CARTHY 1285 AVE OF THE AMERICAS NY NY 10019-0020 US		C/O JAMES MC CARTHY 1285 AVE OF THE AMERICAS 36 FLOOR NY NY 10019-0028 US		03/26/1990	04/19/1994
21	22	26	27	4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		13-3578017	Not Applicable
23	24	28	29	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when filing this report.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIYAOKA, KAZUO	12 NAME	KAWAMURA, HAJIME
STREET ADDRESS	1285 AVE OF THE AMERICAS	13 STREET ADDRESS	1285 Ave of the Americas, 36 fl
CITY- ST- ZIP	NEW YORK NY 10019	14 CITY- ST- ZIP	New York, NY 10019
TITLE	P	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANO, TAKASHI	22 NAME	
STREET ADDRESS	1285 AVE OF AMERICAS	23 STREET ADDRESS	NEW YORK, NY 10019
CITY- ST- ZIP	NEW YORK NY	24 CITY- ST- ZIP	
TITLE	V	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTHY, JAMES	32 NAME	
STREET ADDRESS	1285 AVE OF AMERICAS	33 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NY	34 CITY- ST- ZIP	
TITLE	S	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, ROBERT	42 NAME	
STREET ADDRESS	1285 AVE OF AMERICAS	43 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NY	44 CITY- ST- ZIP	
TITLE	T	51 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YONENAGA, TATSUHIRO	52 NAME	MUSHIKA, HIDEKI
STREET ADDRESS	1285 AVE OF AMERICAS	53 STREET ADDRESS	1285 AVE. OF THE AMERICAS
CITY- ST- ZIP	NEW YORK NY	54 CITY- ST- ZIP	NEW YORK, NY 10019
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 CITY- ST- ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(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: Takashi Sano Takashi Sano, President April 7, 1995  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in Month & Day)