

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

FILED

Apr 18 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 # L82042

(7)

1. Corporation Name

JAPAN AIR CARGO, INC.

Principal Place of Business

6115 NW 72ND AVE
MIAMI FL 33166
US

Mailing Address

6115 NW 72ND AVE
MIAMI FL 33166-3707
US



| | | | | | | | |
|--------------------------------|--|------------------------|--|---|--|------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | | 3a. Date of Last Report | |
| 21 | | 26 | | 06/21/1990 | | 03/12/1996 | |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 4. FEI Number | | Applied For | |
| 23 City & State | | 28 City & State | | 65-0206480 | | Not Applicable | |
| 24 Zip | | 29 Zip | | 5. Certificate of Status Desired | | 8.75 Additional Fee Required | |
| 25 Country | | 30 Country | | 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 | |

9. Name and Address of Current Registered Agent

CHEEMA, BALWANT
10300 SUNSET DR #155
MIAMI FL 33173

10. Name and Address of New Registered Agent

| | |
|---|--------------------|
| 81 Name | BALWANT Cheema |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 8301 NW 197 Street |
| 83 | |
| 84 City | Miami |
| 85 Zip Code | FL 33215 |

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 *Schwartz*

(NOTE: Registered Agent signature required when reinstating)

1-2-97

DATE

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|---|------------------|--|---|-----------------|--|--|
| TITLE | P | YANAGITA, HIDEO | | 1.1 TITLE | Change Addition | | |
| NAME | | 1324 FUNSTON ST. | | 1.2 NAME | Change Addition | | |
| STREET ADDRESS | | HOLLYWOOD FL | | 1.3 STREET ADDRESS | Change Addition | | |
| CITY-ST-ZIP | | | | 1.4 CITY-ST-ZIP | Change Addition | | |
| TITLE | | DELETE | | 2.1 TITLE | Change Addition | | |
| NAME | | | | 2.2 NAME | Change Addition | | |
| STREET ADDRESS | | | | 2.3 STREET ADDRESS | Change Addition | | |
| CITY-ST-ZIP | | | | 2.4 CITY-ST-ZIP | Change Addition | | |
| TITLE | | DELETE | | 3.1 TITLE | Change Addition | | |
| NAME | | | | 3.2 NAME | Change Addition | | |
| STREET ADDRESS | | | | 3.3 STREET ADDRESS | Change Addition | | |
| CITY-ST-ZIP | | | | 3.4 CITY-ST-ZIP | Change Addition | | |
| TITLE | | DELETE | | 4.1 TITLE | Change Addition | | |
| NAME | | | | 4.2 NAME | Change Addition | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | Change Addition | | |
| CITY-ST-ZIP | | | | 4.4 CITY-ST-ZIP | Change Addition | | |
| TITLE | | DELETE | | 5.1 TITLE | Change Addition | | |
| NAME | | | | 5.2 NAME | Change Addition | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | Change Addition | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | Change Addition | | |
| TITLE | | DELETE | | 6.1 TITLE | Change Addition | | |
| NAME | | | | 6.2 NAME | Change Addition | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | Change Addition | | |
| CITY-ST-ZIP | | | | 6.4 CITY-ST-ZIP | Change Addition | | |

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 *Schwartz*

200 11/97 (205)863-9100

CR2E034 (9/96)