

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

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #

1. Corporation Name:

Quality Development, Inc.

Principal Place of Business

Mailing Address

C/O Tomen America, Inc.
1285 Avenue of the Americas, 36F1
New York, NY 10019

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

9/12/88

4. FEI Number

65-0072588

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

C T Corporation System
8751 West Broward Blvd.
Plantation, FL 33324

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 607.0502 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

Signature of the person who is the registered agent, or the person who is the registered agent's authorized representative, is required when filing this statement.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President: Takashi Sano ☐ DELETE
1285 Avenue of the Americas
New York, NY 10019

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President: James McCarthy ☐ DELETE
1285 Avenue of the Americas
New York, NY 10019

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer: Hideki Mushika ☐ DELETE
1285 Avenue of the Americas
New York, NY 10019

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary: Robert Cohen ☐ DELETE
1285 Avenue of the Americas
New York, NY 10019

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
See attached sheet for list of Directors. ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
President: Tadashi Kobayashi ☐ Change ☒ Addition
1285 Avenue of the Americas
New York, NY 10019

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
John Maraia ☐ Change ☒ Addition
1285 Avenue of the Americas
New York, NY 10019

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
600002533016 ☐ Change ☒ Addition
-05/22/98--01031--009
*****150.00**

14. I 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: H. Mushika

4/30/98

(212) 397 5808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/97)