FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P08922 (7)

1. Corporation Name

NNR AIRCARGO SERVICE (USA) INC.

Principal Place of Business	Mailing Address
8782 N W 18TH TERRACE SUITE 204 MIAMI FL 33172 US	450 E DEVON STE 260, ATTN: ALICE KROCZKA ITASCA IL 60143 US

2. Principal Place of Business
21 8784 NW 18th Terrace
22 Suite, Apt. # etc.
23 City & State: Miami, FL
24 Zip: 33172 25 Country

2a. Mailing Address
26
27 Suite, Apt. # etc.
28 City & State
29 Zip 30 Country

3. Date Incorporated or Qualified: 01/31/1986
3a. Date of Last Report: 05/01/1995
4. FEI Number: 36-2719768 ☐ 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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 ____ DATE ____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	NOGAMI, YOSHIO		1.2 NAME		
STREET ADDRESS	1-1-5 KYOBASHI		1.3 STREET ADDRESS		
CITY-ST-ZIP	TOKOYO JA		1.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NOKUO, AKIRA (ASST. SEC)		2.2 NAME		
STREET ADDRESS	450 E DEVON, STE 260		2.3 STREET ADDRESS		
CITY-ST-ZIP	ITASCA IL		2.4 CITY-ST-ZIP		
TITLE	PS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KITAKOGA, MASAJI		3.2 NAME		
STREET ADDRESS	450 E DEVON, STE 260		3.3 STREET ADDRESS		
CITY-ST-ZIP	ITASCA IL		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	ITOH, DAISUKE		4.2 NAME	SASAKI, IWAO	
STREET ADDRESS	1-1-5 KYOBASHI		4.3 STREET ADDRESS	1-1-5 KYOBASHI	
CITY-ST-ZIP	TOKOYO JA		4.4 CITY-ST-ZIP	TOKYO JA	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	NUNOE, YANOSUKE		5.2 NAME		
STREET ADDRESS	11-17 TENJIN 1 CHOME, CHUO-KU		5.3 STREET ADDRESS		
CITY-ST-ZIP	FUKUOKA SHI JA		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: AKIRA NOKUO / TREASURER 01/23/96 708-773-1490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)