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

PROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
May 15 1998 8:00am
Secretary of State

DOCUMENT # **P08922** **(7)**

1. Corporation Name
NNR AIRCARGO SERVICE (USA) INC.

Principal Place of Business
8784 NW 18TH TERRACE
SUITE 204
MIAMI FL 33172
US

Mailing Address
450 E DEVON
STE 260 ATTN ALICE KROCZKA
ITASCA IL 60143
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

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

3. Date Incorporated or Qualified
01/31/1986

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 owes or has paid the current year Intangible Personal Property Tax due June 30 [X] 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, 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

12. OFFICERS AND DIRECTORS

TITLE	C	[ ] DELETE
NAME	NOGAMI, YOSHIO	
STREET ADDRESS	1-1-5 KYOBASHI	
CITY-ST-ZIP	TOKOYO JA	
TITLE	ST	[ ] DELETE
NAME	NOKUO, AKIRA (ASST. SEC)	
STREET ADDRESS	450 E DEVON, STE 260	
CITY-ST-ZIP	ITASCA IL	
TITLE	PS	[ ] DELETE
NAME	KITAKOGA, MASAJI	
STREET ADDRESS	450 E DEVON, STE 260	
CITY-ST-ZIP	ITASCA IL	
TITLE	D	[ ] DELETE
NAME	SASAKI, IWAO	
STREET ADDRESS	1-1-5 KYOBASHI	
CITY-ST-ZIP	TOKOYO JA	
TITLE	D	[X] DELETE
NAME	NUNOE, YANOSUKE	
STREET ADDRESS	11-17 TENJIN 1 CHOME, CHUO-KU	
CITY-ST-ZIP	FUKUOKA SHI JA	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		[ ] Change [ ] Addition
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		[ ] Change [ ] Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	Director / PISKE, THOMAS / 450 E. DEVON, STE 260 / ITASCA IL	[ ] Change [X] Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		[ ] Change [ ] Addition

CR2E034 (10/97)

14. I hereby certify that the corporation does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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, with all other like empowered.

SIGNATURE: [signature] AKIRA NOKUO APRIL 27, 1998 (630) 773-1490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR