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FILED
Jan 23 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 # P27589

(1)

1. Corporation Name

MITSUKOSHI U.S.A., INC.

Principal Place of Business

12 EAST 49TH STREET
17TH FLOOR
NEW YORK NY 10017
US

Mailing Address

7232 SANDLAKE RD.
SUITE 303
ORLANDO FL 32819-5266
US



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

3. Date Incorporated or Qualified

01/05/1990

3a. Date of Last Report

04/15/1996

4. FEI Number

99-0175285

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

(Signature required for change of registered agent or office; not applicable for re-statement)

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

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME S
MURASE, JIRO
STREET ADDRESS 400 PARK AVE.
CITY-STATE-ZIP NEW YORK NY

TITLE ☐ DELETE

NAME VPD
CHIKOAKA, YOICHI
STREET ADDRESS 2255 KUHIO AVE.
CITY-STATE-ZIP HONOLULU HI

TITLE ☒ DELETE

NAME PTD
SHIGEMATSU, KEN
STREET ADDRESS 12 EAST 49TH ST, 17TH FLOOR
CITY-STATE-ZIP NEW YORK NY

TITLE ☐ DELETE

NAME T
TETSUYAMA, YUTAKA
STREET ADDRESS 12 EAST 49TH ST, 17TH FLOOR
CITY-STATE-ZIP NEW YORK NY

TITLE ☐ DELETE

NAME VPD
NOSE, KOJI
STREET ADDRESS 7232 SANDLAKE RD. #303
CITY-STATE-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME VP
NAGAMATSU, KAZUNARI
STREET ADDRESS 12 EAST 49TH ST, 17TH FLOOR
CITY-STATE-ZIP NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME V
2.3 STREET ADDRESS Chikaoka, Yoichi
2.4 CITY-STATE-ZIP 2255 Kuhio Av.
Honolulu, HI 96815

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME V
3.3 STREET ADDRESS Nishi, Mamoru
3.4 CITY-STATE-ZIP 1-4-1 Muromachi-Nihombashi,
Chuo-ku, Tokyo, Japan

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME V
5.3 STREET ADDRESS Nose, Koji
5.4 CITY-STATE-ZIP 7232 Sandlake Rd. #303
Orlando, FL 32819

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME P
6.3 STREET ADDRESS Nagamatsu, Kazunari
6.4 CITY-STATE-ZIP 12 East 49th Street 17th Floor
New York, NY 10017

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 registered agent 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Koji Nose

Date

1/13/97

Daytime Phone #

407-352-1986

0083256

CR2E034 (9/96)