

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90084 018 ***150.00

0100452

DOCUMENT # P27589

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
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/05/1990

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S ☐ DELETE

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

TITLE V ☒ DELETE

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

TITLE V ☒ DELETE

NAME SHIGEMATSU, KEN
STREET ADDRESS 1-4-1 MUROMACHI-NIHOMBASHI
CITY-ST-ZIP CHUO-JU TO

TITLE T ☐ DELETE

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

TITLE V ☐ DELETE

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

TITLE P ☐ DELETE

NAME NAGAMATSU, KAZUNARI
STREET ADDRESS 12 EAST 49TH ST. 17TH FLOOR
CITY-ST-ZIP NEW YORK N.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☒ Addition

2.2 NAME Watanabe, Yoshinori

2.3 STREET ADDRESS 2424 Kalakaua Ave. Rm. 134B

2.4 CITY-ST-ZIP Honolulu, HI 96815

3.1 TITLE ☒ Change ☒ Addition

3.2 NAME Nakamura, Yosuke

3.3 STREET ADDRESS 1-4-1 Muromachi-Nihombashi

3.4 CITY-ST-ZIP Chuo-Ju, TOKYO, JAPAN

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: Koji Nose

01/21/99

(407)352-1986

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)