

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 # P33994 (5)

1. Corporation Name

KAWASHO PROPERTY CALIFORNIA INC.

Principal Place of Business

% KAWASHO INTERNATIONAL (U.S.A.) INC.,  
TWO EXECUTIVE DR.,  
FORT LEE NJ 07024

Mailing Address

ONE PARKER PLAZA, 12TH FLOOR  
400 KELBY STREET  
FORT LEE NJ 07024  
US



|                                                                                                                                                  |                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>05/14/1991</b>                                                                                           | 3a. Date of Last Report<br><b>01/17/1995</b> |
| 4. FEI Number<br><b>94-3082252</b>                                                                                                               | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                        | <b>\$8.75 Additional Fee Required</b>        |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                               | <b>\$5.00 May Be Added to Fees</b>           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                              |

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

|    |                                                    |
|----|----------------------------------------------------|
| 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 |                                                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-----------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | PD<br>HIDA, KENRO<br>KITAKATA-CHO, NAKAKU<br>YOKOHAMA CITY JA   | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SD<br>OKADA, YOSHIYA<br>74 E EDELL BLVD<br>PALISADES PK NJ      | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                                 | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY- ST- ZIP              |                                                                 | 1.4 CITY- ST- ZIP                                     |                                                                   |
| TITLE                      | TD<br>NAKAJIMA, HIDENOBU<br>332 FAIRMOUNT RD.<br>RIDGEWOOD NJ   | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | D<br>FUJI, HIROYUKI<br>SUZUHI-CHO 104-102<br>FUNABASHI CITY JA  | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                                 | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY- ST- ZIP              |                                                                 | 2.4 CITY- ST- ZIP                                     |                                                                   |
| TITLE                      | D<br>TSUKADA, TOSHIO<br>1245 MANAZANITA DR<br>MILLBRAE CA       | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SD<br>MASAHITO KIKUMOTO<br>440 DAVIS COURT<br>SAN FRANCISCO, CA | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                                 | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY- ST- ZIP              |                                                                 | 3.4 CITY- ST- ZIP                                     |                                                                   |
| TITLE                      |                                                                 | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                 | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                                 | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY- ST- ZIP              |                                                                 | 4.4 CITY- ST- ZIP                                     |                                                                   |
| TITLE                      |                                                                 | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                 | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                                 | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY- ST- ZIP              |                                                                 | 5.4 CITY- ST- ZIP                                     |                                                                   |
| TITLE                      |                                                                 | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)