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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P36918 **DOCUMENT #**

(1)

1. Corporation Name NISSHIN CORPORATION USA, INC.

Principal Place	of Business	_	Address		to de Verd e d				
350 FIFTH AVENUE. SUITE 4201 350 FIFTH AVEN NEW YORK NY 10118 NEW YORK NY				iue, suite 4201 10118					
							3. Date Incorporated or Qualified 01/02/1992	3a. Date of Last F 02/22/19	
2. Principal Pla	ne of Business	<u></u> ⊢-1	Ing Address				4. FEI Number 13-3577202		Applied For Not Applicable
Suite, Apt. #	f, etc.	26 Suit	e, Apt. #, etc.				5. Certificate of Status Desired		5 Additional
Oity & State	· · · · · · · · · · · · · · · · · · ·	[27] City	& State				6. Election Campaign Financing	\$5.0	Required May Be
23 Z _{II} ,	Country	[28] Zip		Coun	try		Trust Fund Contribution 8. This corporation has liability for in		ed to Fees s 199.032,
24	25	29		30			Florida Statutes	□No	
F	9. Name and Address of Currer	nt Registere	d Agent		B1	Name	10. Name and Address of New Re	gistered Agent	
HATTO	RI, TADASHI								
	NTER'S CREEK GOLF COURSE]	82	Street Addre	ss (P.O. Box Number is Not Acceptabl	8)	
14401 SPORTS CLUB WAY				Ī	83				
ORLANI	DO FL 32821			1	В4	City		FL 85 2	Zip Code
11. Pursuant t	o the provisions of Sections 607.050.	2 and 607.15	08, Florida Statu	tes, the abov	e-na	inied corpora	tion submits this statement for the purp Lof directors. I hereby accept the appo	rose of charging its	registered office
or registere familiar wit	ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	da Such cha tion 607.0505	inge was authori 5, Florida Statute	zea by the co s	orpo	ration's Doarc	roi directors. Thereby accept the appo	altitient as registere	d agent. Fam
SIGNATURE _	e e e e e e e e e e e e e e e e e e e		· · · · · · · · · · · · · · · · · ·	V016 - F1 - 0 - 0 - 1		signature required	Alam & Got Palmer	[IATE	
12.	Signature, typical or printing name of registered agen OFFICERS AN	the second reservoir and the second		13.	-vgesti.	signature required	ADDITIONS/CHANGES TO OFFI		ORS IN 12
Tifuf	PD		DELETE	1 1 1 1	1.E			☐ Change	Addition
NAME	KAMIYAMA, KAZUO			1.2 NA*	ME				
SIRFET ADDRESS	1-1 ICHIGAYA HONMURACI	10		13 STF	REET A	DDRESS			•
CHY-SLZP	TOKYO, JAPAN			14 CIT		- ZIP		☐ Change	Addition
T-ILF	VPD ARA, KAZUO		DELETE	2 1 111		j			L Addition
NAME	1-1 ICHIGAYA HONMURACI	10		2.2 NAI		DORESS			
STREET ADDRESS	TOKYO, JAPAN			2 4 CIT					
L COTY+ST-ZUF L TOTAE	EVPD		DELETE	3 1 Til		*"		☐ Change	Addition
NAM	HATTORI, TADASHI			3 2 NA	ME				
STREET ADDRESS	350 FIFTH AVE., SUITE 420	1		3 3 S!	KEET.	ADDRESS			
CITY-ST ZIF	NEW YORK NY			3.4 CH	Y-51	· ZIF			
2017	VPS		DELETE	4.1 14	ſĻF			Change	e 🔲 Addition
N4M:	DAWSON, JOHN			4.2 NA	ME				
STREET ADDRESS	350 FIFTH AVE			4351	REET A	LODRESS			
C 1Y-51-7/F	NEW YORK NY			4 4 CI		- 7IP		Change	h Addition
TiTLE			□ DELFTE	5 1 11				☐ Change	e 🔲 Addition
NAME				5.2 NA		I DODGUG			
STREET ADDRESS						ADDRESS			
CHY ST ZIP			DELETE	5.4 CII 6.1 TI		- III.	<u></u>	Change	e 🔲 Addition
HANG			Почен	6 2 NA					_
NAMI						ADDRESS			ļ
STREET ADDRESS					ntri i IV et				

14. Edo 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 13 if changed, or on an attachment with an address. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR THE HATTORY 1/26 / 1/6 (20) 268-4/60

SIGNATURE: