


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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90126 017 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P36918					
1. Corporation Name NISSHIN CORPORATION USA, INC.					
Principal Place of Business 150 EAST 58TH STREET 17TH FLOOR NEW YORK NY 10155 US			Mailing Address 150 EAST 58TH STREET 17TH FLOOR NEW YORK NY 10155 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/02/1992	
21 150 East 58th Street		26 150 East 58th Street		4. FEI Number 13-3577202	
Suite, Apt. #, etc. 22 17th Floor		Suite, Apt. #, etc. 27 17th Floor		Applied For Not Applicable	
City & State 23 New York, New York		City & State 28 New York, New York		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country 24 10155 25 U.S.A.		Zip Country 29 10155 30 U.S.A.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent HATTORI, TADASHI C/O HUNTER'S CREEK GOLF COURSE 14401 SPORTS CLUB WAY ORLANDO FL 32821				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE PD <input type="checkbox"/> DELETE			1.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME KAMIYAMA, KAZUO			1.2 NAME KAMIYAMA, KAZUO		
STREET ADDRESS 1-1 ICHIGAYA HONMURACHO			1.3 STREET ADDRESS 5-8-1, SHINJUKU, SHINJUKU-KU		
CITY-ST-ZIP TOKYO, JAPAN			1.4 CITY-ST-ZIP TOKYO, JAPAN		
TITLE VSD <input type="checkbox"/> DELETE			2.1 TITLE VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME HATTORI, TADASHI			2.2 NAME HATTORI, TADASHI		
STREET ADDRESS 555 FIFTH AVE. 10TH FLOOR			2.3 STREET ADDRESS 150 EAST 58TH STREET, 17TH FLR.		
CITY-ST-ZIP NEW YORK NY			2.4 CITY-ST-ZIP NEW YORK, NY 10155		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			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 <input type="checkbox"/> DELETE			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 <input type="checkbox"/> DELETE			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 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: Tadashi Hattori
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99 (212) 980-1732
Date Daytime Phone #

CR2E034 (11/98)