

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 19 AM 11:46

DOCUMENT # P39896 (6)

1. Corporation Name
L-J, INC. OF SOUTH CAROLINA

Principal Place of Business Mailing Address
220 STONERIDGE DRIVE, SUITE 405 COLUMBIA SC 29210 **220 STONERIDGE DRIVE, SUITE 405 COLUMBIA SC 29210**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		08/03/1992	01/25/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		57-0334953	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input checked="" type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 189.002, Florida Statutes	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City		85 Zip Code	
		FL			

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 _____ DATE _____
Signature, typed or printed name of registered agent and his 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	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, DAVID N.	12. NAME	
STREET ADDRESS	2925 WHEAT ST.	13. STREET ADDRESS	
CITY - ST - ZIP	COLUMBIA SC	14. CITY - ST - ZIP	
TITLE	V	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNELLING, CHARLES F.	22. NAME	
STREET ADDRESS	100 RED FOX RUN	23. STREET ADDRESS	DECEASED
CITY - ST - ZIP	SUMMERVILLE SC	24. CITY - ST - ZIP	NONE AT THIS TIME
TITLE	STD	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COFFER, KEITH C.	32. NAME	
STREET ADDRESS	1119 HAVEN DRIVE	33. STREET ADDRESS	
CITY - ST - ZIP	COLUMBIA SC	34. CITY - ST - ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. 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 110.07(3)(b), 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: Keith C. Coffey KEITH C. COFFER 6/12/95 (803) 929-1181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)

CR2E034 (3/95)

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
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PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 27 JUL 1995

DOCUMENT # P40641 (3)

1. Corporation Name
KINTETSU INTERMODAL (U.S.A.), INC.

Principal Place of Business Mailing Address
KEVIN INUI **KEVIN INUI**
711 GLASGOW AVE. **711 GLASGOW AVE.**
INGLEWOOD CA 90301 **INGLEWOOD CA 90301**
US **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/15/1992** 3a. Date of Last Report **01/31/1994**
 4. FEI Number **94-2974764** 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**
 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 1035 WATSON CENTER ROAD **26 1035 WATSON CENTER ROAD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**
 City & State City & State
23 CARSON, CA **28 CARSON, CA**
 Zip Country Zip Country
24 90745 **25 USA** **29 90745** **30 USA**

9. Name and Address of Current Registered Agent
SNYDER, STEVE
1900 - 1912 N.W. 82ND AVE.
MIAMI FL 33128

10. Name and Address of New Registered Agent
B1 Name LEVI, THERESA
B2 Street Address (P.O. Box Number is Not Acceptable) 8551 KINTETSU WAY
B3
B4 City MIAMI FL B5 Zip Code 33122

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: *Theresa Levi* DATE: **6/19/95**
Signature of individual or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHIMOKAWA, TOKUJI
STREET ADDRESS	330 THE VILLAGE #312
CITY - ST - ZIP	REDONDO BCH. CA
TITLE	SD
NAME	KUNISHI, TADAO
STREET ADDRESS	209 CARPENTER AVE.
CITY - ST - ZIP	SEA CLIFF NY
TITLE	TD
NAME	TSUJIMOTO, HIROKAZU
STREET ADDRESS	42 GUILFORD RD.
CITY - ST - ZIP	PORT WASHINGTON NY
TITLE	D
NAME	KUMOKAWA, TOSHIO
STREET ADDRESS	1-9-18, SEKIMACHI MINAMI
CITY - ST - ZIP	NERIMA-KU, TOKYO JAP
TITLE	D
NAME	FARRELL, DUDLEY
STREET ADDRESS	155 MORTON DR.
CITY - ST - ZIP	RAMSEY NJ
TITLE	D
NAME	KAMACHI, YOICHI J.
STREET ADDRESS	11945 WOODBINE ST.
CITY - ST - ZIP	LOS ANGELES CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SHIMOKAWA, TOKIJI	
1.3 STREET ADDRESS	2800 PLAZA DEL AMO	
1.4 CITY - ST - ZIP	TORRANCE, CA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ROBINSON, MICHAEL	
5.3 STREET ADDRESS	916 MCCARTHY COURT	
5.4 CITY - ST - ZIP	EL SEGUNDO, CA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
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 110.07(3)(b), 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 or on an attachment with an address

SIGNATURE: *[Signature]* DATE: **6-12-95** (310)522-1060
Signature and typed or printed name of signing officer or director

CR2E034 (3/95)