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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

P40642

(1)

INC CORPORATION MORTH AMERICA OFFICE

300 CONFORMION NOME AND CITION												
Principal Place of Business Mailing Address									1 19001000 111 51511 85116 01111 D)		1 21211 01211 310	III 014 11 014 11 1 04 1
80 S.W. 8TH STREET. SUITE 2000 MIAMI FL 33130			80 S.W. 8TH STREET. SUITE 2000 MIAMI FL 33130									
									Date Incorporated or Qualified 09/25/1992	3a. Da	te of Last Re 04/26/19	995
2. Principal Pla	ce of Business	2a. 1	Mailing Address					4.	FEI Number 65-0359701			Applied For Not Applicable
Suite, Apt. #	. étc.	\rightarrow	Suite, Apt. #, etc.					 _ _				Additional
22		27	- · · · · · · · · · · · · · · · · · · ·					5.	Certificate of Status Desired		+	Required
City & State			City & State					6.	Election Campaign Financing			О Мау Ве
23		28	7.0	C				 _	Trust Fund Contribution			d to Fees
Zip 24	Country 25	29	Zip	30 Cou	ntry			В.	This corporation has liability for Florida Statutes	intangible No	tax under s	199.032,
3	9. Name and Address of Current		red Agent	1901				10.	. Name and Address of New F	_	d Agent	
					81	Na	me					
SAWYE	R, EDWARD E., ESQ.				82	Str	eet Addres	ss (P	O. Box Number is Not Acceptat	ie)		
	HITE & CASE											
	SCAYNE BLVD, 50TH PLACE				83							
MIAMI	FL 33131				84	Cit	/			F	85 Zir	Code
or registere	o the provisions of Sections 607.0502 ad agent, or both, in the State of Floric n, and accept the obligations of, Secti	da. Such i	change was authorize	s, the abo	ve-r	l name oratio	d corporat on's board	tion s	submits this statement for the pur lirectors. I hereby accept the app	pose of c	hanging its re	egistered office agent. I am
SIGNATURE	i, bita accept the deligationa of cook	011 001 .0	ooo, rionaa olaloloo.									
	Signature, typed or printed name of registered agent				Agen	nt signa	lure required y	when re		DATE		
12.	OFFICERS AND	DIRECT		13.					ADDITIONS/CHANGES TO OFF	ICERS AN	ND DIRECTO Change	RS IN 12
TITLE	D MARAMIDA EMMITAGUI		DELETE	1.17 1.2 N								☐ Xuumun
NAME STREET ADDRESS	NAKAMURA, FUMITOSHI 1-41-17, YUKARIGAOKA					ADDR	:00					
CITY-ST-ZIP	SAKURA-SHI CHIBA JA					ST - ZIP						
TITLE	PD		DELETE	2. 1 TITLE		1				☐ Change	Addition	
NAME	TSUJIOKA, AKIHIRO			2.2 N	AME							
STREET ADDRESS	3-13-7,SHINOHARA-HIGASH	U		23 S	TREET	ADDR	ESS					
CITY-ST-ZIP	KANAGAWA, JAPAN			24 C	TY-\$	ST-ZIP						
TITLE	VO		DELETE	3 1 T							☐ Change	Addition
NAME	KOMIYA, ZIRO	V.A		32 N								
STREET ADDRESS	3-2-14,SHIMOUMA,SETAGA KU, TOKYO, JAPAN	TA				T ADDR	ESS					
CITY-ST-ZIP TITLE	n n n n n n n n n n n n n n n n n n n		☐ DELETE	4.11		ST-ZIP			 		["] Change	Addition
NAME	KIMURA, ISAMU		_ Section	4.2 N								
STREET ADDRESS	3-18-38,NAMIKI,SAGAMIHAF	R				ADDR	ESS					
CITY-ST-ZIP	KANAGAWA, JAPAN	•				ST-ZIP						
TIFLE	D		☐ DELETE	5.17							☐ Change	Addition
NAME	HASHIZUME, KENSUKE			5.2 N	AME							
STREET ADDRESS	902,3-1-1,IKEJIRI,SETAGA			4		ADDR	ESS					
C/TY-ST-ZIP	YA-KU, TOKYO, JAPAN			5 4 C	ITY-S	ST-ZIP						
1ITLE			DELETE	6. 1 T							Change	Addition
NAME				6.2 N	AME		-					
STREET ADDRESS				6.3 S	TREET	r addr	ESS					
CITY-ST-ZIP				64C	ITY-S	ST-ZIP	1					

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.

FINE TO VIET Richard F VII 4/22/96 305-539-9482 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR