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Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P40642 (1)

1. Corporation Name
JDC CORPORATION NORTH AMERICA OFFICE

Principal Place of Business
80 S.W. 8TH STREET, SUITE 2000
MIAMI FL 33130

Mailing Address
80 S.W. 8TH STREET, SUITE 2000
MIAMI FL 33130-3040



3. Date Incorporated or Qualified 09/25/1992
3a. Date of Last Report 04/30/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 65-0359701
Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAWYER, EDWARD E., ESQ.
C/O WHITE & CASE
200 BISCAYNE BLVD, 50TH PLACE
MIAMI FL 33131

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 type and print 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	D	<input checked="" type="checkbox"/> DELETE
NAME	NAKAMURA, FUMITOSHI	
STREET ADDRESS	1-41-17, YUKARIGAOKA	
CITY-ST-ZIP	SAKURA-SHI CHIBA JA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	TSUJIOKA, AKIHIRO	
STREET ADDRESS	3-13-7, SHINOHARA-HIGASHI	
CITY-ST-ZIP	KANAGAWA, JAPAN	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KOMIYA, ZIRO	
STREET ADDRESS	3-2-14, SHIMOUMA, SETAGAYA	
CITY-ST-ZIP	KU, TOKYO, JAPAN	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KIMURA, ISAMU	
STREET ADDRESS	3-18-38, NAMIKI, SAGAMIHAR	
CITY-ST-ZIP	KANAGAWA, JAPAN	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HASHIZUME, KENSUKE	
STREET ADDRESS	902, 3-1-1, IKEJIRI, SETAGA	
CITY-ST-ZIP	YA-KU, TOKYO, JAPAN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MICHIO, KUROSAKI	
1.3 STREET ADDRESS	#316, 12-22, NISHIMACHI ISOGO-KU	
1.4 CITY-ST-ZIP	YOKOHAMA, KANAGAWA, JAPAN	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: x Michio Kurosaki
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/1997 81-3-5410-5720
Date Daytime Phone #

CR2E034 (9/96)