FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 20 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000007425 (1)**

1. Corporation Name
NAPLES SUNRISE PROPERTIES, INC.

Principal Place of Business	Mailing Address
% TOMEN AMERICA INC.- ATTN: JAMES MCCARTHY 1285 AVENUE OF THE AMERICAS NEW YORK NY 10019	% TOMEN AMERICA INC.- ATTN: JAMES MCCARTHY 1285 AVENUE OF THE AMERICAS NEW YORK NY 10019

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/25/1992**
3a. Date of Last Report: **05/24/1994**

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) / County (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) / County (30)

4. FEI Number: **13-3741487** ☐ 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

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☒ Change ☐ Addition
NAME	KAZUO, MIYAOKA	12 NAME	KAWAMURA, HAJIME
STREET ADDRESS	1285 AVENUE OF THE AMERICAS	13 STREET ADDRESS	1285 Ave of the Americas, 36th floor
CITY-ST-ZIP	NEW YORK NY 10019	14 CITY-ST-ZIP	New York, NY 10019
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	SANO, TAKASHI	22 NAME	
STREET ADDRESS	1285 AVE. OF THE AMERICAS	23 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	MCCARTHY, JAMES	32 NAME	
STREET ADDRESS	1285 AVE. OF THE AMERICAS	33 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	COHEN, ROBERT	42 NAME	
STREET ADDRESS	1285 AVE. OF THE AMERICAS	43 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	T ☒ Change ☐ Addition
NAME	YONENAGA, TATSUHIRO	52 NAME	MUSHIKA, HIDEKI
STREET ADDRESS	1285 AVE. OF THE AMERICAS	53 STREET ADDRESS	1285 Ave of the Americas
CITY-ST-ZIP	NEW YORK NY	54 CITY-ST-ZIP	New York, NY 10019
TITLE		61 TITLE	☐ Change ☐ 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 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: Takashi Sano, President 4/7/95 (212) 397-4353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001096 CP