

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 MAY -1 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000030798 (0)

1. Corporation Name

PARCEL MH, INC.

Principal Place of Business

KAZUO MIYAKA C/O TOMEN AMERICA INC
1285 AVENUE OF THE AMERICAS
NEW YORK NY 10019

Mailing Address

KAZUO MIYAKA C/O TOMEN AMERICA INC
1285 AVENUE OF THE AMERICAS
NEW YORK NY 10019

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/22/1994

3a. Date of Last Report

4. FEI Number

☒ Applied For
☐ Not Applicable

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, typed or printed name of registered agent and fee 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
NAME	MIYAKA, KAZUO
STREET ADDRESS	1285 AVENUE OF THE AMERICAS
CITY- ST- ZIP	NEW YORK NY 10019
TITLE	P
NAME	SANO, TAKASHI
STREET ADDRESS	1285 Ave of the Americas, 36 fl
CITY- ST- ZIP	New York, NY 10019
TITLE	V
NAME	MCCARTHY, JAMES
STREET ADDRESS	1285 Ave. of the Americas
CITY- ST- ZIP	New York, NY 10019
TITLE	S
NAME	COHEN, ROBERT
STREET ADDRESS	1285 Ave of the Americas
CITY- ST- ZIP	New York, NY 10019
TITLE	T
NAME	MUSHIKA, HIDEKI
STREET ADDRESS	1285 Ave of the Americas, 36 fl
CITY- ST- ZIP	New York, NY 10019
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	KAWAMURA, HAJIME	
1.3 STREET ADDRESS	1285 Ave. of the Americas	
1.4 CITY- ST- ZIP	New York, NY 10019	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(d), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Takashi Sano, President 4/7/95

Date

(212) 397-5453

Daytime Phone #