FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000030798

1. Corporation Name

PARCEL MH, INC.

Principal Place of B	usiness	

Aailing Address

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90212 007 ***300.00



Frincipal Flace of Business Walnung Address						
1285 AVENUE OF THE AMERICAS. 36TH FLOOR C/O TOMEN AMERICA. INC. NEW YORK NY 10019 1285 AVENUE OF THE AMERICAS. 36TH C/O TOMEN AMERICA. INC. NEW YORK NY 10019		i floor	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
					04/22/1994	
2. Driveing Di	ace of Business	2a. Mailing Address			4, FEI Number Applied For	
	ace of business	<u> </u>	ing Address		13-3831428 Not Applicable	
21 26		Suite, Apt. #, etc.	Cuito Ant # oto		\$8.75 Additional	
Suite, Apt. #, etc.		⊢ ¬ ' ' '	Suite, Apr. #, etc.		5. Certificate of Status Desired Fee Required	
22 27		City & State	City & State		6. Election Campaign Financing \$5.00 May Be	
City & State		⊢	City & State		Trust Fund Contribution Added to Fees	
Zip	Country	Zip Coun			8. This corporation owes the current year Intangible	
	25		30		Personal Property Tax.	
24	9. Name and Address of Current	<u> </u>	<u> </u>		10. Name and Address of New Registered Agent	
	3. Harrie and Address of Garrent	rogiono rogent	81	Name		
CTO	CORPORATION SYSTEM					
1200 SOUTH PINE ISLAND ROAD		82	Street	et Address (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324		83				
			84	City	FL 85 Zip Code	
		1 007 4500 Florida Chabata	45			
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 title if applicable. (NOTE: Registered			egistered Age	nt signature	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	PD OFFICERS AND	DIRECTORS DELETE	1.1 TITLE		Pres McChange Addition	
TITLE	• -	. DELETE	1.2 NAME		McCarthy, James	
NAME	ACCUSATING OF THE AMERICAN POTH FLOOR				1205 A of the American 26th E1	
STREET ADDRESS		45, 361H FLOOR		T ADDRESS	New York, NY 10019	
CITY-ST-ZIP	NEW YORK NY 10019	☐ DELETE	1.4 CITY-S	T-ZIP	VP Change Addition	
TITLE	VD	. DELETE	2.1 TITLE		1.	
NAME	MCCARTHY, JAMES		2.2 NAME		Umeki, Atsuo	
STREET ADDRESS	1200 11121102 01 11121101101101			TADDRESS		
CITY-ST-ZIP	NEW YORK NY 10019		2. 4 CITY-5	T-ZIP	New York, NY 10019	
TITLE	S	☐ DELETE	3.1 TITLE		Treas Maddition Addition	
NAME	Maraia, John		3.2 NAME		Mushika, Hideki	
STREET ADDRESS	1285 AVENUE OF THE AMERICA	AS, 36TH FLOOR	3.3 STREE	TADORESS	1285 Avenue of the Americas, 36 F1	
CITY-ST-ZIP	NEW YORK NY 10019		3.4. CITY- \$	ST-ZIP	New York, NY 10019	
TITLE	Τ .	☐ DELETE	4,1 TITLE		Sec MacChange Addition	
NAME	MUSHIKA, HIDEKI		4. 2 NAME		Maraia, John	
STREET ADDRESS	ADDRESS 1285 AVE OF THE AMERICANS, 36 FL 4.35		'4,3 STREE	TADDRESS		
CITY-ST-ZIP	NEW YORK NY 10019		4.4 CITY-S	T-ZIP	Nort Vowle NV 10010	
TITLE		☐ DELETE	5.1 TITLE		Dir Change Addition	
NAME			5.2 NAME		1	
STREET ADDRESS			5.3 STREE	TADORESS	(See attached list for Directors)	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	TADDRESS	3	

14. I 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, with all other like empowered.

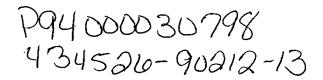
6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

James McCarthy, President QUI SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

212 397 5808



LIST OF DIRECTORSFor Florida Subsidiary Companies

Parcel M-I, Inc.

Director: McCarthy, James c/o Tomen America, Inc. 1285 Avenue of the Americas, 36 Fl New York, NY 10019

Director: Oshima, Shuzo c/o Tomen America, Inc. 1285 Avenue of the Americas, 36 Fl New York, NY 10019

Director: Maraia, John c/o Tomen America, Inc. 1285 Avenue of the Americas, 36 Fl New York, NY 10019

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