

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Governor B. M. J. M. M. M.
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

95 MAY -1 PM 1:55

DOCUMENT # P94000049032 (3)

1. Corporation Name

PARCEL CH DEVELOPMENT, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For filing, provide the following space

Principal Office Location		Mailing Address	
C/O TOMEN AMERICA INC. 1285 AVENUE OF THE AMERICAS NEW YORK NY 10019		C/O TOMEN AMERICA INC. 1285 AVENUE OF THE AMERICAS NEW YORK NY 10019	

2. Principal Office Location		2a. Mailing Address	
21. State, Apt. # etc.	26. State, Apt. # etc.	27. City & State	28. City & State
22. City & State	27. City & State	28. City & State	29. City & State
23. City & State	28. City & State	29. City & State	30. City & State
24. City & State	29. City & State	30. City & State	31. City & State

3. Date of Report (if required)	3a. Date of Last Report
06/30/1994	
4. Fee Number	Applied For
5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
6. Election Campaign Reporting	☐ \$5.00 May Be Added to Fees
7. This corporation has applied for adoption by statute Florida Statutes	☐ Yes ☐ No

9. Name and Address of Current Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.01(4) and 607.15(8), 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 607.01(4), Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)	
NAME	D MIYAOKA, KAZUO C/O 1285 AVENUE OF THE AMERICAS NEW YORK NY 10019	NAME	D KAWAMURA, HAJIME 1285 Ave of the Americas New York, NY 10019
NAME	P SANO, TAKASHI 1285 Ave. of the Americas 36 fl. New York, NY 10019	NAME	
NAME	V MCCARTHY, JAMES 1285 Ave of the Americas New York, NY 10019	NAME	
NAME	S COHEN, ROBERT 1285 Ave of the Americas, 36 fl. New York, NY 10019	NAME	
NAME	T MUSHIKA, HIDEKI 1285 Ave of the Americas, 36 fl New York, NY 10019	NAME	

14. I, the undersigned, certify that the information required by this filing is complete, true, and correct, and that I am duly qualified to act as a registered agent for the corporation in the State of Florida. I am familiar with and accept the obligations of Section 607.01(4), Florida Statutes.

SIGNATURE: Takashi Sano Takashi Sano, President 4/7/95 (212) 397-5453