

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000049032 (3)

1. Corporation Name

PARCEL C-1 DEVELOPMENT, INC.

Principal Place of Business

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 Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

25

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/30/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

APPLIED FOR 13-3784400

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

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 of person providing information for filing (if not a director or officer, the signature of the registered agent is required)

Signature of Registered Agent (Signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME KAWAMURA, HAJIME
STREET ADDRESS C/O 1285 AVENUE OF THE AMERICAS
CITY-ST-ZIP NEW YORK NY ☒ DELETE

TITLE P
NAME SANO, TAKASHI
STREET ADDRESS 1285 AVE OF THE AMERICAS, 36 FLR
CITY-ST-ZIP NEW YORK NY ☐ DELETE

TITLE V
NAME MCCARTHY, JAMES
STREET ADDRESS 1285 AVE OF THE AMERICAS
CITY-ST-ZIP NEW YORK NY ☐ DELETE

TITLE S
NAME COHEN, ROBERT
STREET ADDRESS 1285 AVE OF THE AMERICAS, 36 FLR
CITY-ST-ZIP NEW YORK NY ☐ DELETE

TITLE T
NAME MUSHIKA, HIDEKI
STREET ADDRESS 1285 AVE OF THE AMERICAS, 36 FL
CITY-ST-ZIP NEW YORK NY ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Takashi Sano
1.3 STREET ADDRESS 1285 Ave of the Americas
1.4 CITY-ST-ZIP New York, NY 10019 ☐ Change ☒ Addition

2.1 TITLE D
2.2 NAME James McCarthy
2.3 STREET ADDRESS 1285 Ave. of the Americas
2.4 CITY-ST-ZIP New York, NY 10019 ☐ Change ☒ Addition

3.1 TITLE D
3.2 NAME Shuzo Oshima
3.3 STREET ADDRESS 1285 Ave. of the Americas
3.4 CITY-ST-ZIP New York, NY 10019 ☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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)(k), 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 3/11/96

(212) 397-5453

CR2E034 (12/95)