

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 # **P95000005242**

1. Corporation Name

Parcel Z-II, Inc.

Principal Place of Business

Mailing Address

% TOMEN AMERICA INC.
1285 AVENUE OF THE AMERICAS, 36TH FLOOR
NEW YORK NY 10019

% TOMEN AMERICA INC.
1285 AVENUE OF THE AMERICAS, 36TH FLOOR
NEW YORK NY 10019



3. Date Incorporated or Qualified

3a. Date of Last Report

1/20/95

4. FEI Number

"Applied For"

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

C.T. 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

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	Sano, Takashi	
STREET ADDRESS	1285 AVE OF THE AMERICAS, 36TH FL	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	McCarthy, James	
STREET ADDRESS	1285 AVE OF THE AMERICAS, 36TH FL	
CITY-ST-ZIP	NEW YORK NY	
TITLE	S	<input type="checkbox"/> DELETE
NAME	Cohen, Robert	
STREET ADDRESS	1285 AVENUE OF THE AMERICAS, 36TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	T	<input type="checkbox"/> DELETE
NAME	Mushika, Hideki	
STREET ADDRESS	1285 AVENUE OF THE AMERICAS, 36TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Kawamura, Hajime	
STREET ADDRESS	1285 Ave. of the Americas 36 Fl.	
CITY-ST-ZIP	New York, N.Y. 10019	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Sano, Takashi	
1.3 STREET ADDRESS	1285 Avenue of the Americas, 36Fl.	
1.4 CITY-ST-ZIP	New York, N.Y. 10019	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	McCarthy, James	
2.3 STREET ADDRESS	1285 Avenue of the Americas, 36 Fl.	
2.4 CITY-ST-ZIP	New York, N.Y. 10019	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Oshima, Shuzo	
3.3 STREET ADDRESS	1285 Avenue of the Americas, 36 Fl.	
3.4 CITY-ST-ZIP	New York, N.Y. 10019	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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***200.00

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, changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

CR2E034 (12/95)