

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

FILED  
May 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000070408 (5)**

1. Corporation Name  
**PARCEL D DEVELOPMENT, INC.**



Principal Place of Business <b>C/O TOMEN AMERICA INC. 1285 AVENUE OF THE AMERICAS NEW YORK NY 10019</b>	Mailing Address <b>C/O TOMEN AMERICA INC. 1285 AVENUE OF THE AMERICAS NEW YORK NY 10019-8021</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/23/1996</b>		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>13-3907888</b>		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<b>VO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MCCARTHY, JAMES</b>			1.2 NAME	<b>mccarthy, James</b>		
STREET ADDRESS	<b>C/O 1285 AVENUE OF THE AMERICAS</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>NEW YORK NY 10019</b>			1.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<b>SO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>COHEN, ROBERT B</b>			2.2 NAME	<b>Cohen, Robert B</b>		
STREET ADDRESS	<b>C/O 1285 AVENUE OF THE AMERICAS</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>NEW YORK NY 10019</b>			2.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>OSHIMA, SHUZO</b>			3.2 NAME			
STREET ADDRESS	<b>C/O 1285 AVENUE OF THE AMERICAS</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>NEW YORK NY 10019</b>			3.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		4.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SANO, TAKASHI</b>			4.2 NAME	<b>SANO, TAKASHI</b>		
STREET ADDRESS	<b>C/O 1285 AVENUE OF THE AMERICAS</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>NEW YORK NY 10019</b>			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				5.2 NAME	<b>Mushika, Hideki</b>		
STREET ADDRESS				5.3 STREET ADDRESS	<b>1285 Ave. of the Americas</b>		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	<b>New York, N.Y. 10019</b>		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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, changed or on an attachment with an address.

SIGNATURE:  **REQUIRED** **4/25/97** **212-397-5808**

CR2E034 (9/96)