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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **S90212** (9)
1. Corporation Name
PARCEL JV DEVELOPMENT, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
TOMEN AMERICA, INC.
1285 AVE. OF THE AMERICAS
NEW YORK NY 10019
C/O JAMES MCCARTHY
1285 AVE. OF THE AMERICAS, 36TH FLOOR
NEW YORK NY 10019-0028
US

3. Date Incorporated or Qualified **10/28/1991** 3a. Date of Last Report **04/19/1994**
4. FEI Number **13-3636837** 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. 189.032, 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
24 25 29 30

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
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 the filer, if applicable) (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIYAOKA, KAZUO	1.2 NAME	KAWAMURA, HAJIME
STREET ADDRESS	1285 AVE OF AMERICAS	1.3 STREET ADDRESS	1285 Ave of the Americas, 36 fl.
CITY - ST - ZIP	NEW YORK NY 10019	1.4 CITY - ST - ZIP	New York, NY 10019
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANO, TAKASHI	2.2 NAME	
STREET ADDRESS	1285 AVE OF AMERICA	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTHY, JAMES	3.2 NAME	
STREET ADDRESS	1285 AVE OF AMERICA	3.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, ROBERT	4.2 NAME	
STREET ADDRESS	1285 AVE OF AMERICA	4.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	4.4 CITY - ST - ZIP	
TITLE	T	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YONENAGA, TATSUHIRO	5.2 NAME	MUSHIKA, HIDEKI
STREET ADDRESS	1285 AVE OF AMERICA	5.3 STREET ADDRESS	1285 Ave of the Americas
CITY - ST - ZIP	NEW YORK NY	5.4 CITY - ST - ZIP	New York, NY 10019
TITLE		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Takashi Sano **Takashi Sano, President** 4/7/99 (212) 397-5453
NON-TYPED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Chapter/Section #