

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

APR 28 1995 2:28 PM

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S96706**

(4)

K.E. ACQUISITION CORP.

1. Principal Office Address	2. Mailing Address
21001 N. W. 27TH AVE. MIAMI FL 33056 US	C/O KAWASAKI LEASING INT'L 65 EAST 55 ST. 18TH FLOOR NEW YORK NY 10022 US

DO NOT WRITE IN THIS SPACE

3. Date the Report is Due	3a. Date of Last Report
11/26/1991	02/01/1994
4. FEI Number	Applied For
65-0334105	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Fee	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. This corporation has failed to comply with Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

21. State	26. State
22. City & State	27. City & State
23. City & State	28. City & State
24. City & State	29. City & State
25. City & State	30. City & State

9. Name and Address of Current Registered Agent

FLANIGAN, JOHN F.  
625 N. FLAGLER DR.  
9TH FLOOR  
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

B1. Name	
B2. Street Address (P.O. Box Number is Not Acceptable)	
B3.	
B4. City	B5. Zip Code

11. Pursuant to the provisions of Sections 607.0105 and 607.1306, 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 Sections 607.0105, Florida Statutes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

NAME	DP MORIYA, MASAO
STREET ADDRESS	21001 N.W. 27TH AVE.
CITY & STATE	MIAMI FL 33058
NAME	ST NOMOTO, TAKEMI
STREET ADDRESS	65 EAST 55TH ST
CITY & STATE	NEW YORK NY
NAME	V HIGURASHI, TATSUYA
STREET ADDRESS	65 EAST 55TH STREET
CITY & STATE	NEW YORK NY
NAME	
STREET ADDRESS	
CITY & STATE	
NAME	
STREET ADDRESS	
CITY & STATE	
NAME	
STREET ADDRESS	
CITY & STATE	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
2. STREET ADDRESS	
3. CITY & STATE	
4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
5. STREET ADDRESS	
6. CITY & STATE	
7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
8. STREET ADDRESS	
9. CITY & STATE	
10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
11. STREET ADDRESS	
12. CITY & STATE	
13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
14. STREET ADDRESS	
15. CITY & STATE	

14. I declare that the information supplied with this report is true and correct, and that the corporation has filed this report in accordance with the Florida Statutes. I further declare that the information is true and correct, and that the corporation has filed this report in accordance with the Florida Statutes. I am familiar with and accept the obligations of Sections 607.0105, Florida Statutes, and that my signature shall have the same legal effect as if I had signed the report in person. I am familiar with and accept the obligations of Sections 607.0105, Florida Statutes, and that my signature shall have the same legal effect as if I had signed the report in person.

SIGNATURE: Takemi Nomoto  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 212-223-1800