

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S97865 (7)

1. Corporation Name

PARCEL B-I DEVELOPMENT, INC.



Principal Place of Business

Mailing Address

C/O JAMES MC CARTHY
1285 AVE OF THE AMERICA 36 FLOOR
NY NY 10019-6028
US

C/O JAMES MC CARTHY
1285 AVE OF THE AMERICAS 36 FLOOR
NY NY 10019-6028
US

3. Date Incorporated or Qualified

12/04/1991

3a. Date of Last Report

04/20/1995

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

4. FEI Number

58-1976124

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032.

Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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, typed or printed name of registered agent or officer or director

Signature, typed or printed name of registered agent or officer or director

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME KAWAMUR, HAJIME
STREET ADDRESS 1285 AVE. OF THE AMERICAS, 36 FL.
CITY-ST-ZIP NEW YORK NY

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

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

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

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

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

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

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

TITLE T ☒ DELETE
NAME YONENAGA, TATSUHIRO
STREET ADDRESS 1285 AVE OF THE AMERICAS
CITY-ST-ZIP NEW YORK NY

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

TITLE S ☐ DELETE
NAME Cohen, Robert
STREET ADDRESS 1285 Ave. of the Americas
CITY-ST-ZIP New York, NY 10019

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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:

Takashi Sano

Takashi Sano, President

3/11/96

(212) 397-5453

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)