
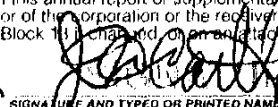


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S97865 (7)					
1. Corporation Name PARCEL B4 DEVELOPMENT, INC.					
Principal Place of Business C/O JAMES MC CARTHY 1285 AVE OF THE AMERICA 36 FLOOR NY NY 10019-6028 US			Mailing Address C/O JAMES MC CARTHY 1285 AVE OF THE AMERICAS 36 FLOOR NY NY 10019-6068 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/04/1991	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report 04/17/1996	
22 City & State		27 City & State		4. FEI Number 58-1976124	
23 Zip		28 Zip		Applied For Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. 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		
85 Zip Code			FL		
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 _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME PD SANO, TAKASHI			1.2 NAME		
STREET ADDRESS 1285 AVE. OF THE AMERICAS			1.3 STREET ADDRESS		
CITY-ST-ZIP NEW YORK NY 10019			1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME VD MCCARTHY, JAMES			2.2 NAME		
STREET ADDRESS 1285 AVE. OF THE AMERICAS			2.3 STREET ADDRESS		
CITY-ST-ZIP NEW YORK NY 10019			2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME D OSHIMA, SHUZO			3.2 NAME		
STREET ADDRESS 1285 AVE. OF THE AMERICAS			3.3 STREET ADDRESS		
CITY-ST-ZIP NEW YORK NY 10019			3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME T MUSHIKA, HIDEKI			4.2 NAME		
STREET ADDRESS 1285 AVE. OF THE AMERICAS, 36 FL.			4.3 STREET ADDRESS		
CITY-ST-ZIP NEW YORK NY			4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME S COHEN, ROBERT			5.2 NAME SD Cohen, Robert		
STREET ADDRESS 1285 AVE. OF THE AMERICAS			5.3 STREET ADDRESS		
CITY-ST-ZIP NEW YORK NY 10019			5.4 CITY-ST-ZIP		
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, and, on an attachment with an address.					
SIGNATURE:  REQUIRED					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 4/25/97 Daytime Phone # 212 397-5805					

CR2E034 (9/96)