

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 20 PM 3:41

DOCUMENT # F93000005748 (9)

1. Corporation Name

NEW JAS INT'L INC.

Principal Place of Business

145-56 155TH ST., 2ND FLOOR
JAMAICA NY 11434

Mailing Address

145-56 155TH ST., 2ND FLOOR
JAMAICA NY 11434

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/20/1993

3a. Date of Last Report

03/23/1994

4. FEI Number

13-2900579

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. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

29

Country

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

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 date if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C
NAME KITADE, EIJI
STREET ADDRESS 1-2-10 CI MANSION HIMONYO 205
CITY-ST-ZIP HIMONYA, MEGURO-KU, TOKYO, JAPAN

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE DP
NAME HIRAKI, TOKUO
STREET ADDRESS 110 WILSON ST.
CITY-ST-ZIP GARDEN CITY NY 11530

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE DVS
NAME KIKUCHI, SAKUO
STREET ADDRESS 27002 SPRINGCREEK ROAD
CITY-ST-ZIP RANCHOS PALOS VERDES CA 90274

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ~~D~~
NAME ~~KOBE, YAGUHIRO~~ HE QUIT
STREET ADDRESS ~~81 CLARENCE RD.~~
CITY-ST-ZIP ~~8CARSDALE NY 10583~~

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE T
NAME NIRO, MAKOTO
STREET ADDRESS 5214 SCOTT ST.
CITY-ST-ZIP TORRANCE CA 90503

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 registered 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:

SIGNATURE AND TITLE OF PERSON IN CHARGE OF FILING OFFICER OR DIRECTOR

MAKOTO NIRO

(date)

1/26/95 (310) 787-6500