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Mar 28 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 # 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 11434-4217



2. Principal Place of Business

21 1830 205th Street

Suite, Apt., #, etc.

City & State

23 Torrance CA

Zip

24 90501

Country

25 LA

2a. Mailing Address

26 1830 205th Street

Suite, Apt., #, etc.

City & State

28 Torrance CA

Zip

29 90501

Country

30 LA

3. Date Incorporated or Qualified

12/20/1993

3a. Date of Last Report

02/20/1996

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

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 of person authorized to register agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE

NAME GOSHI KIRIMOTO
STREET ADDRESS EDEL HIGHM 704 5-8-41
CITY, ST, ZIP KIBA KO

TITLE DP ☐ DELETE

NAME TAKEHIKO YOSHIDA
STREET ADDRESS 145 EAST 48TH ST. ROOM 17G
CITY, ST, ZIP NEW YORK NY

TITLE DVS ☐ DELETE

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

TITLE D ☒ DELETE

NAME TOKUO HIRAKI
STREET ADDRESS MESON K201 6-16-6
CITY, ST, ZIP HON-MACHI NA

TITLE T ☒ DELETE

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

TITLE D ☒ DELETE

NAME TADAYOSHI MATSUSHITA
STREET ADDRESS 1-37-7 E1 FUKA CHO
CITY, ST, ZIP SUGINAMI-KU TO

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C/O ☒ Change ☐ Addition

1.2 NAME Goshi Kirimoto
1.3 STREET ADDRESS 7-2-10 Akasaka, Minatoku
1.4 CITY, ST, ZIP Tokyo 107 Japan

2.1 TITLE D/P/T ☒ Change ☐ Addition

2.2 NAME Takehiko Yoshida
2.3 STREET ADDRESS 320 The Village #209
2.4 CITY, ST, ZIP Redondo Beach, CA 90277

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME Yuji Iwasaki
4.3 STREET ADDRESS 9 Pepperday Ave.
4.4 CITY, ST, ZIP Port Washington, NY 11050

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 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 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 if changed, or on an attachment with an address.

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director
Takehiko Yoshida

Date 3/18/97 310-787-6500

CR2E034 (9/96)