PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93000005748 1. Corporation Name

NEW JAS INT'L INC.

Mailing Address

1830 205TH ST **TORRANCE CA 90501**

Principal Place of Business

1830 205TH ST **TORRANCE CA 90501**

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90047 041 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/20/1993 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 1830 205TH ST. Not Applicable 1830 205TH ST. 13-2900579 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #.-etc.-5. Certificate of Status Desired-Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Γ TORRANCE, CA TORRANCE, CA Added to Fees Trust Fund Contribution 28 Country Zip Zip Country 8. This corporation owes the current year Intangible 90501 30 US Personal Property Tax. 90501 25 US 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 82 1201 HAYES ST. STE. 105 83 TALLAHASSEE FL 32301 84 City 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. 1 hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS Addition Change DELETE 1.1 TITLE **GOSHI KIRIMOTO** 12 NAME 7-2-10 AKASAKA, MINATOKU 1,3 STREET ADDRESS - --- 1 ADDRESS TOKYO 107 JA 1.4 CITY-ST-ZIP ·- ST-ZIP [``] Change ☐ Addition DELETE 2.1 TITLE 2.2 NAME KIKUCHI, SAKUO 27002 SPRINGCREEK ROAD 2.3 STREET ADDRESS __ ; ADDREGG RANCHO PALOS VERDES CA 90274 2. 4 CITY-ST-ZIP ST-ZIP ☐ Change ☐ Addition DELETE 3.1 TITLE KIKUCHI, SAKUO 3.2 NAME 27002 SPRINGCREEK ROAD 3.3 STREET ADDRESS TADDITEST RANCHOS PALOS VERDES CA 90274 3.4. CITY-ST-ZIP ST-ZIP ☐ Change ☐ Addition DELETE 4.1 TITLE 4. 2 NAME IWASAKI, YUJI 9 PEPPERDAY AVE 4,3 STREET ADDRESS I ADDRESS **PORT WASHINGTON NY** 4 4 CITY-ST-ZIP ST-ZIP ☐ Change ☐ Addition DELETE 5.1 TITLE ST 5.2 NAME FUJITA, MINORU 5.3 STREET ADDRESS 2527 W ARTESIA BLVD LADIANES 54 CITY-ST-ZIP **TORRANCE CA 90504** 6 1 TITLE ☐ Addition DFLETE 62 NAME 6.3 STREET ADDRESS __ FADDRESS

ST-ZIF ... I 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, with all other like empowered.

6.4 CITY-ST-ZIF

-GNATURE: MINORU FUJITA

cu. AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99

(310)787-6500

Daytime Phone #

CR2E034 (11/98)