

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

FILED

Feb 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000002890 (9)**

1. Corporation Name

HANKYU INTERNATIONAL TRANSPORT (USA), INC.



Principal Place of Business 1039 HILLCREST BLVD INGLEWOOD CA 90301	Mailing Address 1039 HILLCREST BLVD INGLEWOOD CA 90301
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5353 W. IMPERIAL HWY Suite, Apt. #, etc. 22 Suite 100 City & State 23 LOS ANGELES, CA Zip 24 90045		2a. Mailing Address 26 5353 W. IMPERIAL HWY Suite, Apt. #, etc. 27 Suite 100 City & State 28 LOS ANGELES, CA Zip 29 90045		4. FEI Number 95-2668593 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent KANEKO, NORI 875 BAYSIDE LANE FT. LAUDERDALE FL 33326				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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDCP <input type="checkbox"/> DELETE	1.1 TITLE	PDC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAGI, TAKAAKI	1.2 NAME	YAGI, TAKAAKI
STREET ADDRESS	2300 MAPLE AVE., #85	1.3 STREET ADDRESS	2941 CAROLWOOD LANE
CITY-ST-ZIP	TORRANCE CA	1.4 CITY-ST-ZIP	TORRANCE, CA 90505
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOSHIDA, KATSUAKI	2.2 NAME	ICHIMARU, YOSHINOBU
STREET ADDRESS	1039 HILLCREST BLVD	2.3 STREET ADDRESS	17A LINWOOD ROAD
CITY-ST-ZIP	INGLEWOOD CA 90301	2.4 CITY-ST-ZIP	PORT WASHINGTON, NY 11050
TITLE	DST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUJII, TORU	3.2 NAME	TANABE, HIROTOSHI
STREET ADDRESS	1039 HILLCREST BLVD	3.3 STREET ADDRESS	5307 BAYBRIDGE ROAD
CITY-ST-ZIP	INGLEWOOD CA 90301	3.4 CITY-ST-ZIP	RANCHO PALOS VERDES, CA 90275
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ICHIMARU, YOSHINOBU	4.2 NAME	ROCKOVE, ALFRED
STREET ADDRESS	1 IPSWICH AVE., #101	4.3 STREET ADDRESS	651 VANDERBILT STREET
CITY-ST-ZIP	GREAT NECK NY	4.4 CITY-ST-ZIP	BROOKLYN NY 11218
TITLE	ST <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANABE, HIROTOSHI	5.2 NAME	DUGAN, MICHAEL
STREET ADDRESS	4939 GOLDEN ARROW DRIVE	5.3 STREET ADDRESS	5639 SORRENTO DRIVE
CITY-ST-ZIP	RANCHO PALOS VERDES CA	5.4 CITY-ST-ZIP	LONG BEACH, CA 90803
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCKOVE, ALFRED	6.2 NAME	MOSS, KURT
STREET ADDRESS	651 VANDERBILT STREET	6.3 STREET ADDRESS	657 PACKARD DRIVE
CITY-ST-ZIP	BROOKLYN NY	6.4 CITY-ST-ZIP	ELGIN, IL 60120

14. 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.

SIGNATURE: _____ 1/20/98 (70)665-1490

CR2E034 (10/97)