

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

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**Apr 29 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P40641 (3)
1. Corporation Name
KINTETSU INTERMODAL (U.S.A.), INC.



Principal Place of Business 1035 WATSON CENTER RD CARSON CA 90745 US	Mailing Address 1035 WATSON CENTER RD. CARSON CA 90745-4203 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 09/15/1992	3a. Date of Last Report 02/13/1996
4. FEI Number 94-2974764	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**IRIZARRY, MIGDALIA
8551 KINTETSU WAY
MIAMI FL 33122**

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

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]* DATE: **04/11/97**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHIMOKAWA, TOKIJI	
STREET ADDRESS	2800 PLAZA DEL AMO	
CITY - ST - ZIP	TORRANCE CA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KUNISHI, TADAO	
STREET ADDRESS	209 CARPENTER AVE.	
CITY - ST - ZIP	SEA CLIFF NY	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	TSUJIMOTO, HIROKAZU	
STREET ADDRESS	28819 BLYTHWOOD DRIVE	
CITY - ST - ZIP	RANCHO PALOS VERDES CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KUMOKAWA, TOSHIO	
STREET ADDRESS	1-9-18, SEKIMACHI MINAMI	
CITY - ST - ZIP	NERIMA-KU, TOKYO JAP	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBINSON, MICHAEL	
STREET ADDRESS	916 MCCARTHY COURT	
CITY - ST - ZIP	EL SEGUNDO CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KAMACHI, YOICHI J.	
STREET ADDRESS	11945 WOODBINE ST.	
CITY - ST - ZIP	LOS ANGELES CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 its 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 in an attachment with an address.

SIGNATURE: *[Signature]* TOKIJI SHIMOKAWA APR 18, 1997 310-522-1060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)