SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Oct 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/15/1992

4. FEI Number
94-2974764
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 owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [ ] No

2. Principal Place of Business
21 Street Address
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Street Address
27 City & State
28 Zip 29 Country 30

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 FL 85 Zip Code

11. Pursuant to the provisions of section 607.0505 of the 1607 1998 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: MIGDALIA IRIZZARRY 09/01/98
(NOTE: Registered Agent Signature required when filing)
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	SHIMOKAWA, TOKIJI	
STREET ADDRESS	2800 PLAZA DEL AMO	
CITY ST ZIP	TORRANCE CA	
TITLE	SD	X DELETE
NAME	KUNISHI, TADAO	
STREET ADDRESS	209 CARPENTER AVE.	
CITY ST ZIP	SEA CLIFF NY	
TITLE	TD	[ ] DELETE
NAME	TSUJIMOTO, HIROKAZU	
STREET ADDRESS	28819 BLYTHWOOD DRIVE	
CITY ST ZIP	RANCHO PALOS VERDES CA	
TITLE	D	[ ] DELETE
NAME	KUMOKAWA, TOSHIO	
STREET ADDRESS	1-9-18, SEKIMACHI MINAMI	
CITY ST ZIP	NERIMA-KU, TOKYO JAP	
TITLE	D	X DELETE
NAME	ROBINSON, MICHAEL	
STREET ADDRESS	916 MCCARTHY COURT	
CITY ST ZIP	EL SEGUNDO CA	
TITLE	D	X 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

11 TITLE		[ ] Change [ ] Addition
12 NAME		
13 STREET ADDRESS		
14 CITY ST ZIP		
21 TITLE		[ ] Change [ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE	TSD	XX Change [ ] Addition
32 NAME	TSUJIMOTO, HIROKAZU	
33 STREET ADDRESS	28819 BLYTHWOOD DRIVE	
34 CITY ST ZIP	RANCHO PALOS VERDES, CA	
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE	D	[ ] Change XX Addition
62 NAME	CHIARITO, ROBERT	
63 STREET ADDRESS	3 LAKESIDE DRIVE	
64 CITY ST ZIP	SOUTH BARRINGTON, IL	

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 in an attachment with an address.

SIGNATURE: TOKIJI SHIMOKAWA 09/14/98 310-522-1060

CR2E034 5/98