


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90021 027 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P40641

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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/15/1992

2. Principal Place of Business 21	2a. Mailing Address 26
22	27
23	28
24	30

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 owes the current year Intangible Personal Property.	<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	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] DATE July 06, 1999

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	TSD	<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	CHIARITO, ROBERT	
STREET ADDRESS	3 LAKESIDE DRIVE	
CITY-ST-ZIP	SOUTH BARRINGTON IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TSUJIMOTO, HIROKAZU
2.3 STREET ADDRESS	28819 BLYTHWOOD DRIVE
2.4 CITY-ST-ZIP	RANCHO PALOS VERDES, CA
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 checked="" type="checkbox"/> Addition
5.2 NAME	FUJITA, NORIHIRO
5.3 STREET ADDRESS	2800 PLAZA DEL AMO
5.4 CITY-ST-ZIP	TORRANCE, CA
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	KAWASHIMA, YOSHIO
6.3 STREET ADDRESS	2613 COLBY AVE.
6.4 CITY-ST-ZIP	LOS ANGELES, CA

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: [Signature] **Yoshio Kawashima, Treasurer 07/02/99** 310-522-1060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)