

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

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1997 OCT 20 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

Amended

PROFIT CORPORATION ANNUAL REPORT 1997

DOCUMENT # *pa9000008335*
1. Corporation Name

M. J. R. UNITED CORPORATION

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified 3a. Date of Last Report

2. Principal Place of Business 21 c/o Max Langen		2a. Mailing Address 26 c/o Max Langen		4. FEI Number 65-0554886		Applied For <input type="checkbox"/> Not Applicable	
22 112 S. Hibiscus Drive		27 112 S. Hibiscus Drive		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Miami Beach, FL		28 Miami Beach, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 33139		25 U.S.A.		29 33139		30 U.S.A.	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Delcio Pereira
121 S.E. 1st Street #718
Miami, FL 33131

81 Name Max Langen
82 Street Address (P.O. Box Number is Not Acceptable) 112 S. Hibiscus Drive
83
84 City Miami Beach
85 Zip Code FL 33139

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 typed printed name of registered agent if title is applicable (NOTE: Registered Agent signature required when reinstating)

8/4/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE President	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME Mario Okuhara-Kiyomasa		1.2 NAME	
STREET ADDRESS 112 S. Hibiscus Drive		1.3 STREET ADDRESS	
CITY-ST-ZIP Miami Beach, FL 33139		1.4 CITY-ST-ZIP	
TITLE Vice-President	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME Rosa Yochico Miyake Okuhara		2.2 NAME	
STREET ADDRESS 112 S. Hibiscus Drive		2.3 STREET ADDRESS	
CITY-ST-ZIP Miami Beach, FL 33139		2.4 CITY-ST-ZIP	
TITLE Secretary/Treasurer	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME Mario Jun Okuhara		3.2 NAME	
STREET ADDRESS 112 S. Hibiscus Drive		3.3 STREET ADDRESS	
CITY-ST-ZIP Miami Beach, FL 33139		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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10/20/97

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)