## 2-3-98 B 1313 C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION ANNUAL REPORT** 1998

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9500008335 (8)

M.J.R. UNITED CORPORATION

Principal Place of Business	Mailing Address					
% MAX LANGEN	% MAX LANGEN					
112 S. HIBISCUS DAIVE	112 S. HIBISCUS DRIVE					
MIAMI BEACH FL 33139	MIAMI BEACH FL 33139					
2. Principal Place of Business	2a. Mailing Address					
	<u> </u>					
21	26					
A						

FILED										
Feb 03 1998 8:00am										
Secretary of State										



										1141 1111 11 <b>1</b> 11		
Principal Plac	e of Business	Mailing Address				1194119	#1 118 1918) #101 #911 #911	98111 BB411 6818	. 18188 11688 11	1191 9111 1981		
% MAX LANGEN % MAX LANGEN												
112 S. HIBISCUS DRIVE 112 S. HIBISCUS DRIVE						İ	DO NOT WRITE IN THIS SPACE					
MIAMI BEACH FL 33139 MIAMI BEACH FL 33139						3 Date Inc	corporated or Qualifie		I ROL			
						02/01/	•	•				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Num			I IA	pplied For		
21 26						65-0	65-0554886			lot Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.						1				Additional		
27						5. Certifica		Fee Required				
City & State City & State				<b>6</b> , Ele			Election Campaign Financing			\$5.00 May Be		
23	28				Trust Fu	nd Contribution			to Fees			
Zip	Country	Zip	Country			8. This con	8. This corporation owes or has paid the current year Intangible					
24	25	29	30	Personal Property Tax due								
	g. Name and Address of Curre	nt Registered Agent					nd Address of New	Registered	Agent			
LAI	NGEN, MAX			81	Name							
112 S. HIBISCUS DRIVE				82	Street	Address (P.O. Box I	ress (P.O. Box Number is Not Acceptable)					
MIA	MI BEACH FL 33139											
				83								
				84	City		•		85 Zip	Code		
	to the provisions of Sections 607.05			L	· ·			FL				
agent. I a	egistered agent, or both, in the State im familiar with, and accept the oblig	gations of, Section 607.0505, F	Florida Stat	lutes.			an octor of thorough the					
	Signature, typed or printed name of registered ag	pent and file if applicable (NO ND DIRECTORS		d Agen	il signature	e required when reinstating)	IC/OLIANOEC TO OF	DATE	DIDECTO	DC IN 40		
12.	OFFICERS AN	DELETE	13.	TI E			NS/CHANGES TO OF		Change	Addition		
NAME	OKYHARA-KIYOMASSA, MAR	<del>-</del>	-	ME		MARIO	oriassa		C ollarigo			
STREET ADDRESS	112 S. HIBISCUS DRIVE	110			ADDRESS	144	0010850	~	JHO	RA		
	MIAMI BEACH FL 33139					74,7		, —	-,,	~,		
CITY-ST-ZIP TITLE	V	DELETE	2.1 TI	TY-ST	- ZIP	<del> </del>			Change	Addition		
NAME	MIYAKE OKUHARA. ROSA Y		2.2 NA									
STREET ADDRESS	112 S. HIBISCUS DRIVE		4		DDRESS					į		
CITY-ST-ZIP	MIAMI BEACH FL 33139			ITY-\$1						ļ		
TITLE	8T	DELETE	3.1 1)		211			· · · · · ·	Change	Addition		
NAME	OKUHARA, MARIO J		3.2 N/						. •			
STREET ADDRESS	112 S. HIBISCUS DRIVE				DDRESS							
CITY-SIL-ZIP	MIAMI BEACH FL 33139			ITY-S1								
TITLE		DELETE	4.1 10						☐ Change	Addition		
NAME			4. 2 N	AME								
STREET ADDRESS			4.3 ST	REET A	DORESS							
CITY-ST-ZIP			4.4 CI	TY-ST	- ZIP							
TITLE		DELETE	5.1 TI						☐ Change	Addition		
NAME			5.2 N/	ME								
STREET ADDRESS			5.3 ST	REET #	DDRESS							
CITY-ST-ZIP			5.4 CI	TY-ST	- ZIP							
TITLE		☐ D£LETÉ	6.1 TI						Change	Addition		

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 offect 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 me appears in Block 12 or Block 13 if changed or on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS