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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000004472 (7)

FILED Feb 12 1998 8:00am Secretary of State

Principal Place	MUSEN U.S.A., INC.	Mailing Address 17210 EDWARDS RD.			
CERRITOS CA 90703 CERRITOS CA 90703				DO NOT WRITE IN THIS SPACE	
				DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE
				10/05/1993	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	A ato	Suite, Apt. #, etc.		95-2815202	Not Applicable
22 Suite, Apr.	#, etc	27]		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution	Added to Fees
Ζιρ	Country	Z _i p	Country	8. This corporation owes or has paid the c	
24	25 Name and Address of Curr	ent Besistered Apent	30	Personal Property Tax due June 30. 10. Name and Address of New Registere.	Yes No
	IAJIN, CAPLOS	анг надіэтагам ұдаш	B1 Name	10. Hathe and Modress of Mew Medistele	u nyon
7270 NW 12TH ST. SUITE 320 MIAMI FL 33128			63	ess (P.O. Box Number is Not Acceptable)	
			84 City	F	85 Zip Code
11. Pursuant office or nagent it a	egistored agent, or both, in the Sta m familiar with, and accept the ob- stgeaue, typed or printed name of registered.		authorized by the corporatorida Statutes. Fegistered Apont signature require	oration submits this statement for the purpose ion's board of directors. I hereby accept the appearance of when reinstating) DATE	opointment as registered
12.		IND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	P	DELETE	1.1 TITLE		Change Addition
NAME	HASEGAWA, JUN		1.2 NAME		
STREET ADDRESS	42 COUNTRY LANE		1.3 STREET ADDRESS		
CITY - ST - ZIP	ROLLING HILLS ESTATES		1.4 CITY-ST-ZIP		
TITLE	V	☐ DETE1E	2.1 TITLE		Change Addition
NAME	MARUYA, MIKIO		2.2 NAME		
STREET ADDRESS	9238 ANSON RIVER FOUNTAIN VALLEY CA 927	700	2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	C C C C C C C C C C C C C C C C C C C	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME	FAMA, HERMINIA	- DELL'IL	3.1 TILE 3.2 NAME		The Committee The Committee
STREET ADDRESS	135 E. JAY ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	CARSON CA 90745		3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-S1-ZIF			54 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

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: Servicia To form HERMINIA T. FAMA 2-5-98 (562)404-2700

CR2E034 (10/97)