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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # K46195

(9)

1. Corporation Name

MAGLEV TRANSIT, INC.

MAGLEV THANSIT, INC.											
Principal Place of Business Mailing Address								i id bidili mis Asusu misus sam sami			1 BIBIL BIBIL 1991
7380 SAND LK. RD. SUITE 115 ORLANDO FL 32819			7380 SAND LK. RD. SUITE 115 ORLANDO FL 32819 US				3. Date Incorporated or Qualified	3a. Dat	e of Last Re	port	
US			us					11/18/1988		05/31/19	95
2. Principal Place	ce of Business	2a.	Mailing Address					4. FEI Number 59-2935122			opplied For Not Applicable
Suite, Apt. #, etc.			Suite, Apt #, etc.					5. Certificate of Status Desired			Additional Required
City & State			City & State					Election Campaign Financing Trust Fund Contribution			May Be I to Fees
Ζ(p 24	Country 25	Zφ	Coun 30				8. This corporation has liability for Florida Statutes Yes	intangible t			
24	g. Name and Address of Current	29 Regist						10. Name and Address of New Registered Agent			
			-		81	Na	ne				
TABUCHI,K.SAM					82	Str	eet Addr	iress (F.O. Box Number is Not Acceptable)			
7380 SAND LAKE ROAD SUITE 115						-		As the second of			
	DO FL 32819				84	Cit	у		FL	85 Zır.	Code
familiar with	n, and accept the obligations of, Sections	in 607.	0506, Florida Statutes.	E Registere				o of directors. Thereby accept the app	DATE		
12.	OFFICERS AND	DIREC	DELETE	13.				ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTO	RS IN 12
TITLE	D			1.1						☐ Griange	□ X0000001
NAME	TABUCHI, K. SAM			121							
STREET ADDRESS	5524 WORSHAM COURT					LACIOR	1.55				
CITY · ST - ZIP TITLE	WINDERMERE FL D		DELETÉ	2.1		SI-ZIP				Change	Addition
NAME	MAKIYAMA, AKIO			221						_ ,	
STREET ADDRESS	SHIN KIOICHO BLDG. #302					ADOA 1	038				
CITY - ST - ZIP	TOKYO 102 JAPAN			240	IIY - 9	ST-ZiP					
TITLE			DELETE	3 1	TITLE					Change	Addition
NAME				321	AM:						
STREET ADDRESS				3 3	STREE	C ADD6	ESS				
CITY - ST - ZIP				340	3[Y - \$	ST - Z·P					
TIFLE			☐ DELETE	4 1	TITLE					Change	Addition
NAME				421	IAME						
STREET ADDRESS				435	THEE	FOCA 3	£\$S				
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NAME					ΙΑΜέ						
STREET ADDRESS						T ADOR					
CITY - ST - ZIP			D 0:1676			ST-ZIP				CT Change	[] Addition
TITLE			DELETE	- 1	TITLE					Change	☐ Addition
NAME					3MA						
STREET ADDRESS						I ADDR					
CITY-ST-ZIP				641	PTY-5	ST - ZIP	1				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and close not qualify for the exemption stated in Section 119.07(3)(k), 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 eath; 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

Sam Tabrhi, Ausident

4/30/96 (407)351-2800

CR2E034 (12/95)