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PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 AUG 27 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H46966

1. Corporation Name
Maximilian Financial Corporation

Principal Place of Business
4651-Sheridan St
Hollywood, Fl
33021 Suite305

Mailing Address
4651-Sheridan St.
Hollywood, Fl
33021- Suite305

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	03-06-1985
21 19940-N.E.23Ave	26 19940-N.E.23Ave	4. FEI Number 59-2546766	Applied For / Not Applicable
Suite, Apt. #, etc. 22 No. 1	Suite, Apt. #, etc. 27 No. 1	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 N. Miami Beach, Fl	City & State 28 N. Miami Beach	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 33180 Country 25 USA	Zip 29 33180 Country 30 USA	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Lester Engel Suite
4651-Sheridan Street 305
Hollywood, Fl 33020

10. Name and Address of New Registered Agent

31 Name: Lester Engel
32 Street Address (P.O. Box Number Is Not Acceptable): 19940- N.E.23 Ave
33
34 City: N.Miami Beach FL 35 Zip Code: 33180

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] Lester Engel 8-26-98
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1.1 TITLE President 1.2 NAME Peggy Ann Engel 1.3 STREET ADDRESS 19940-N.E.23Ave 1.4 CITY-ST-ZIP N. Miami Beach, Fl	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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8/27/98

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] President Peggy Ann Engel 8-26-98 305-932-3748
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #