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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR -8 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000057085

1. Corporation Name
MAXI U.S.A. CORPORATION

Principal Place of Business
9605 N.W. 79TH AVE
#6
HIALEAH, FL. 33016

Mailing Address
787 N.W. 122ND AVE.
MIAMI, FL. 33182

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
7-1-97

4. FEI Number
65-0763534
[ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [✓] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
JORGE DEL VALLE
787 N.W. 122ND. AVE.
MIAMI, FL. 33182

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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] JORGE DEL VALLE PRESIDENT 2/17/99
Signature, typed or printed name of registered agent and title, if applicable — (NOTE: Registered Agent signature required when filing) — DATE

12. OFFICERS AND DIRECTORS

TITLE D.P.S.T. [ ] DELETE
NAME JORGE DEL VALLE
STREET ADDRESS 787 N.W. 122ND. AVE
CITY-ST-ZIP MIAMI, FL. 33182

TITLE [ ] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [ ] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [ ] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [ ] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [ ] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE [ ] Change [ ] Add/Delete
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

C99000028085-- 7
-03/12/99--01012--005
****150.00 ****150.00

21 TITLE [ ] Change [ ] Add/Delete
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE [ ] Change [ ] Add/Delete
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE [ ] Change [ ] Add/Delete
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE [ ] Change [ ] Add/Delete
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE [ ] Change [ ] Add/Delete
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: [signature] PRESIDENT 2/17/99 305-8225753
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone