

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000089633 (6)
 1. Corporation Name
L.J. MAXAMILLION, INC.



Principal Place of Business: 10130 EAST CALUSA CLUB DRIVE MIAMI FL 33186
 Mailing Address: 10130 EAST CALUSA CLUB DRIVE MIAMI FL 33186

12243 S.W. 129 Court MIAMI, FL 33186 1a. 12243 S.W. 129 Court MIAMI, FL 33186

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21, 22, 23, 24, 25, 26, 27, 28, 29, 30
 3. Date Incorporated or Qualified: 10/17/1997
 4. FEI Number (BY PHONE): 65-0807804
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

8. Name and Address of Current Registered Agent: SCHIMER, BARRY, 10130 EAST CALUSA CLUB DRIVE, MIAMI FL 33186
 9. Name and Address of New Registered Agent: 81 Name "SAME", 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code FL

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: *N/A* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PRESIDENT
NAME	SCHIMER, BARRY	1.2 NAME	
STREET ADDRESS	10130 EAST CALUSA CLUB DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	SECRETARY
NAME	WILFREDO R. PADRON	2.2 NAME	
STREET ADDRESS	10050 EAST CALUSA CLUB DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	TREASURER
NAME	JUAN E. DE SOSA	3.2 NAME	
STREET ADDRESS	21405 SW 94 PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33189	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: *Barry Schimer* 20 Jan 98

CR2034 (10/97)