SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

| PROFIT CORPORATION ANNUAL REPORT **1997** | FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS | **FILED** **Jul 18 1997 8:00am** **Secretary of State** |

DOCUMENT # F96000000784 (6)

1. Corporation Name

MAXIMINUS, S.A.

Principal Place of Business	Mailing Address
4320 PETERS RD FT LAUDERDALE FL 33317	4320 PETERS RD FT LAUDERDALE FL 33317

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business [21]	2a. Mailing Address [26]	**3.** Date Incorporated or Qualified **02/16/1996** — **3a.** Date of Last Report
Suite, Apt #, etc. [22]	Suite, Apt. #, etc. [27]	**4.** FEI Number **98-0042937** — Applied For / Not Applicable
City & State [23]	City & State [28]	**5.** Certificate of Status Desired ✗ — **$8.75** Additional Fee Required
Zip [24] / Country [25]	Zip [29] / Country [30]	**6.** Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
		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	**10.** Name and Address of New Registered Agent
POMPONIO, MICHAEL A % OXFORD INTERNATIONAL CORP 4324 PETERS RD FT LAUDERDALE FL 33317	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, 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 **P** ☐ DELETE		1.1 TITLE	☐ Change ☐ Addition
NAME **MORENO J, ALFONSO**		1.2 NAME	
STREET ADDRESS **CARRERA 49 NO 52-61 PISO 13**		1.3 STREET ADDRESS	
CITY-ST-ZIP **MEDELLIN COLUMBIA S.A.**		1.4 CITY-ST-ZIP	
TITLE ☐ DELETE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE ☐ DELETE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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-ST-ZIP		5.4 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	

CR2E034 (4/97)

14. I do 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.