SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H24501

(9)

MAX SOUTH CONSTRUCTION, INC.

FILED Jul 08 1998 8:00am Secretary of State

						8 8 8 8 8 8 8 8 8 8 8 8		
Principal Place of Business Mailing Address								
13203 N.E. 16TI		13203 N.E. 16TH AVENUE						
P.O. BOX 61-1631		P.O. BOX 61-1631				DO NOT WRITE IN THIS SPACE		
NORTH MIAMI FL 33161		NORTH MIAMI FL 33161				3. Date Incorporated or Qualified		
						10/08/1984		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Applied For	
21	, 200	26				59-2454125	Not Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$8.75 Additional	
22		27				5. Certificate of Status Desired	Fee Required	
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be		
23		28			Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Country			8. This corporation owes or has paid the c	urrent year Intangible	
24	25	29	30			Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registere	d Agent	
PITCHMAN, ERIC				81	Name		İ	
104 N.E. 100TH STREET			-	82	Street Addres	et Address (P.O. Box Number is Not Acceptable)		
MIAN	AI SHORES FL 33138							
				83				
			-	84	City		85 Zip Code	
				٠٦	O.I.J	F	L	
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								
			13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE			1.1 TITE	1.1 TITLE			Change Addition	
NAME	PITÇHMAN, ERIC		1.2 NAM	1.2 NAME				
STREET ADDRESS			1.3 STR	1.3 STREET ADDRESS				
CITY-ST-ZIP			1.4 CIT	1.4 CITY-ST-ZIP				
TITLE	ST DELETE		2.1 TITL	LE			Change Addition	
NAME	PITÇHMAN, JONINA	2.2		2.2 NAME				
STREET ADDRESS	104 N.E. 100TH STREET		2.3 STR	EETA	ADDRESS			
CITY-ST-ZIP	MIAMI SHORES FL		2.4 CITY-ST-ZIP		ZIP			
TITLE	V	DELETE	3.1 TITE	LE			Change Addition	
NAME	ALMENDARES, DENNIS A.	•	3.2 NAM	ME				
STREET ADDRESS	3400 PAN AM WAY, PIER 5, SU	IP 67	3.3 STR	3.3 STREET ADDRESS				
CITY-ST-ZIP	LANGER CI			TY-ST-ZIP				
TITLE		DELETE	4.5 TITE	LΕ			Change Addition	
NAME			4.2 NAM	ИE			·	
STREET ADDRESS			4.3 STR	EET A	ADDRESS			
CITY-ST-ZIP			4.4 CIT	Y-ST-2	ZIP			
TITLE		DELETE	5.1 TITI	_			Change Addition	
NAME			5.2 NAM	ME			· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS			5.3 STR	EET A	ADDRESS			
CITY-ST-ZIP			5.4 CIT					
TITLE		DELETE	6.1 TITI				Change Addition	
NAME			6.2 NAM	ME				
STREET ADDRESS					ADDRESS			
				DITY-ST-ZIP				
U11 (-U1-ZIF			9.5 011		<u></u>			

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.

06/20/00

305-891-0880