2003 FOR PROFIT CORPORATION

Mailing Address

P. O. BOX 970057

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

COCONUT CREEK FL 33097

UNIFORM BUSINESS REPORT (UBR H45806 DOCUMENT # 1. Entity Name MAXSELL CORPORATION

Principal Place of Business 4400 W. HILLSBORO BLVD

COCONUT CREEK FL 33073

Suite, Apt. #, etc.

City & State

Zip

2. Principal Place of Business

Country

SUITE #2

US

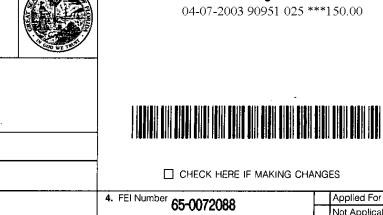


04-07-2003 90951 025 ***150.00

Applied For

\$8.75 Additional

Not Applicable



5. Certificate of Status Desired

 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBERT L. KING Street Address (P.O. Box Number is Not Acceptable) 2101 N. ANDREWS AVE, SUITE 200 FT. LAUDERDALE FL 33311 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Addition ☐ Delete ☐ Change CONFINO, VICO NAME: NAME 22445 ENSENADA WAY STREET ADDRESS STREET ADDRESS CITY-ST-7IP BOCA RATON FL CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition CONFINO. PATRICIA NAME NAME STREET ADDRESS 22445 ENSENADA WAY STREET ADDRESS CITY-ST-ZIP BOCA RATON FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

Country

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

CITY-ST-7IP

CITY-ST-ZIP