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CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 APR 28 PM 1:07

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # K63922

(4)

1. Corporation Name

GOLD BY MAX AND ALAN, INC.

Principal Place of Business

**% MAX LIEBMAN
3291 W. SUNRISE BLVD.
FT. LAUDERDALE FL 33311
US**

Mailing Address

**% MAX LIEBMAN
P.O. BOX 0662
FT. LAUDERDALE FL 33310**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/07/1989

3a. Date of Last Report

08/09/1994

4. FEI Number

59-2937427

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LIEBMAN, MAX
1846 NE 211 LANE
MIAMI FL 33179**

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 Section 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 to 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 assent to, the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and fee 4 application)

MAX LIEBMAN

(NOTE: Registered Agent signature required when reappointing)

DATE

4-24-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PTD

NAME

LIEBMAN, MAX

STREET ADDRESS

1846 NE 211 LANE

CITY - ST - ZIP

MIAMI FL

11 TITLE

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

TITLE

VSD

NAME

LIEBMAN, LINDA

STREET ADDRESS

1846 NE 211 LANE

CITY - ST - ZIP

MIAMI FL

21 TITLE

☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

31 TITLE

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

41 TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

51 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

61 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included 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 13 only, and that I am not an agent or an attachment with an address.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

MAX LIEBMAN

4-24-95

(305) 581-4144