

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L02461 (6)

1. Corporation Name
MAXIM SYSTEMS INC.



Principal Place of Business

C/O GEORGE C. BAMBA
6513 NW 55TH ST.
CORAL SPRINGS FL 33067

Mailing Address

C/O GEORGE C. BAMBA
6513 NW 55TH ST.
CORAL SPRINGS FL 33067

3. Date Incorporated or Qualified
07/14/1989

3a. Date of Last Report
03/20/1995

2. Principal Place of Business

21 12000 S.W. 93rd St.
Suite, Apt. #, etc.

2a. Mailing Address

26 c/o Pete Fernandez
Suite, Apt. #, etc.

4. FEI Number

65-0135327

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

City & State

23 Miami, FL

24 33186

25 USA

City & State

28 Miami, FL

29 33186

30 USA

9. Name and Address of Current Registered Agent

BAMBA, GEORGE C.
6513 NW 55TH ST.
CORAL SPRINGS FL 33067

10. Name and Address of New Registered Agent

81 Name

FERNANDEZ, PEDRO M.

82 Street Address (P.O. Box Number is Not Acceptable)

12000 SW 93rd St

83

84 City

MIAMI

FL

85

Zip Code

33186

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Pedro M. Fernandez
Signature (typed or printed name of registered agent and title if applicable)

President / Director
(NOTE: Registered agent signature required when reinstating)

2/16/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
D	BAMBA, GEORGE C.	6513 NW 55TH ST.	CORAL SPRINGS FL	<input type="checkbox"/>
D	FERNANDEZ, PEDRO M.	12000 SW 93rd St	MIAMI FL 33186	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 119.07(3)(k), 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:

Pedro M. Fernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

2/16/96
Date

305-596-1191
Daytime Phone #

CR2E034 (12/95)