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## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 -

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **L20630**

1. Corporation Name

MAXIMO INVESTMENTS #21, INC.

							! #00!#6# <b>  </b>			015i1 410!\ 106i
Principal Place	e of Business	Mailing Address				J				•
8675 NW 53 ST. 8675 NW 53 ST.										
SUITE 109	_	SUITE 109			ļ	DO NOT MIDITE IN THIS SPACE				
MIAMI FL 33160	6	MIAMI FL 33166			1	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed				
-										
		To save add					10/03/1989 4. FEI Number			adiad For
2. Principal Place of Business 2a. Mailing Address									<u> </u>	oplied For
21 26			# -4-				65-0358098			ot Applicable
Suite, Apt. #, etc.						- 1	5. Certifcate of Status Desired			Additional equired
22 27							<del> </del>			
City & State City & State							6. Election Campaign Financing		•	May Be
23 28				Country			Trust Fund Contribution			to Fees
Zip				intry		i	8. This corporation owes the curre	ent year Int		□No
24	25 29 30						Personal Property Tax.		☐ Yes	140
	9. Name and Address of Current	t Registered Agent		04			10. Name and Address of New R	egisterea	Agent	
DAM	IDE7 EDENEDICK I			81	Name					
RAMIREZ, FREDERICK J.				82	82 Street Address (P.O. Box Number is Not Acceptable)					
10041 PINES BLVD.										
STE. C				83						Į
PEM	BROKE PINES FL 33024			84	City				85 Zip	Code
				04	City			FL	,   <sup>103</sup>   <sup>11</sup>	1
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statut	es, the a	bove	-named	corpora	ation submits this statement for the	purpose of	changing its	registered
office or re	egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was a	uthorized	i by	the corp	oration'	s board of directors. I hereby accep	t the appoi	ntment as re	egistered
	m tamaiai with, and accept the congar	10/13 01, 000110/1 007.0000, 1 10	ilaa otat							}
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	: Registered	Agen	t signature o	required w	nen reinstating)	DATE		
12.	OFFICERS AND DIRECTORS 13.						ADDITIONS/CHANGES TO OF	ICERS AN	D DIRECTO	ORS IN 12
TITLE	PD	☐ DELETE	1,1 TITLE					•	☐ Change	☐ Addition
NAME	ALVAREZ, MAXIMO		1.2 NAN		E					
STREET ADDRESS				TREET	ADDRESS					1
CITY-ST-ZIP	MANUEL COACO		TY-ST	- 7IP					1	
TITLE	WIII WIII 1 L 00 100			2.1 TITLE		<u> </u>			Change	Addition
NAME	_ l		2.2 NAME		Ì				- 1	
1					ADDOLCC					
STREET ADDRESS				2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP						ļ
CITY-ST-ZIP			3.1 TITLE					Change	Addition	
TITLÉ			3.2 NAME		1		•			
NAME							•			
STREET ADDRESS					ADORESS					
CITY-ST-ZIP			3.4. C		T-ZIP	-			Changa	☐ Addition
TITLE		☐ DELETE	4.1 TI						Change	
NAME			4.2 N	AME						ł
STREET ADDRESS			4.3 S	TREET	ADDRESS	1				1
CITY-ST-ZIP		<u> </u>	_	TY-\$	r-ZIP	ļ				
TITLE	<del></del>	☐ DELETÉ	5.1 ₹I			1			Change	☐ Addition ∤
NAME			5.2 N	AME.						1
STREET ADDRESS			5.3 S	TREET	ADDRESS					}
CITY-ST-ZIP			5.4 C	TY-S	r- ZIP					
TITLE		[7]	CAT	T. C		1				☐ Addition
TITCE		☐ DELETE	6.1 TI	ILE					Change	☐ Addition

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 trusted 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

2-8-99 - 305-477-5800