

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 17 PM 3:26

DOCUMENT # L40415

(6)

1. Corporation Name
MAXGIL, INC.

Principal Place of Business

Mailing Address

P O BOX 630817
MIAMI FL 33163

P O BOX 630817
MIAMI FL 33163

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/05/1990	3a. Date of Last Report 03/10/1994
4. FEI Number 65-0183331	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. 3079 NE 163 STREET	26. Suite, Apt. #, etc.
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State NO. MIAMI BEACH, FL	28. City & State
24. Zip 33160	29. Zip
25. Country USA	30. Country

9. Name and Address of Current Registered Agent
PREMIER ASSET MANAGEMENT-
3048 NE 163RD STREET-
NORTH MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent	
81. Name PREMIER ASSET MANAGEMENT, INC.	85. Zip Code 33160
82. Street Address (P.O. Box Number is Not Acceptable) 3115 NE 163 STREET	
83. City NO. MIAMI BEACH	84. State FL

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 JACK AZOUT, PRES.

2/10/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE P	1.1 TITLE P/D	2. NAME AZOUT, JACK	2.1 NAME AZOUT, JACK
3. STREET ADDRESS 3802 NE 207 STREET, #1502	3.1 STREET ADDRESS 3802 NE 207 STREET #1502	4. CITY-STATE-ZIP NORTH MIAMI BEACH FL	4.1 CITY-STATE-ZIP NO. MIAMI BEACH, FL 33180
5. TITLE S	5.1 TITLE S/D	6. NAME AZOUT, GILDA	6.1 NAME AZOUT, GILDA
7. STREET ADDRESS 3802 NE 207 STREET, #1502	7.1 STREET ADDRESS 3802 NE 207 STREET #1502	8. CITY-STATE-ZIP NORTH MIAMI BEACH FL	8.1 CITY-STATE-ZIP NO. MIAMI BEACH, FL 33180
9. TITLE	9.1 TITLE	10. NAME	10.1 NAME
11. STREET ADDRESS	11.1 STREET ADDRESS	12. CITY-STATE-ZIP	12.1 CITY-STATE-ZIP
13. TITLE	13.1 TITLE	14. NAME	14.1 NAME
15. STREET ADDRESS	15.1 STREET ADDRESS	16. CITY-STATE-ZIP	16.1 CITY-STATE-ZIP
17. TITLE	17.1 TITLE	18. NAME	18.1 NAME
19. STREET ADDRESS	19.1 STREET ADDRESS	20. CITY-STATE-ZIP	20.1 CITY-STATE-ZIP
21. TITLE	21.1 TITLE	22. NAME	22.1 NAME
23. STREET ADDRESS	23.1 STREET ADDRESS	24. CITY-STATE-ZIP	24.1 CITY-STATE-ZIP
25. TITLE	25.1 TITLE	26. NAME	26.1 NAME
27. STREET ADDRESS	27.1 STREET ADDRESS	28. CITY-STATE-ZIP	28.1 CITY-STATE-ZIP
29. TITLE	29.1 TITLE	30. NAME	30.1 NAME
31. STREET ADDRESS	31.1 STREET ADDRESS	32. CITY-STATE-ZIP	32.1 CITY-STATE-ZIP
33. TITLE	33.1 TITLE	34. NAME	34.1 NAME
35. STREET ADDRESS	35.1 STREET ADDRESS	36. CITY-STATE-ZIP	36.1 CITY-STATE-ZIP
37. TITLE	37.1 TITLE	38. NAME	38.1 NAME
39. STREET ADDRESS	39.1 STREET ADDRESS	40. CITY-STATE-ZIP	40.1 CITY-STATE-ZIP
41. TITLE	41.1 TITLE	42. NAME	42.1 NAME
43. STREET ADDRESS	43.1 STREET ADDRESS	44. CITY-STATE-ZIP	44.1 CITY-STATE-ZIP
45. TITLE	45.1 TITLE	46. NAME	46.1 NAME
47. STREET ADDRESS	47.1 STREET ADDRESS	48. CITY-STATE-ZIP	48.1 CITY-STATE-ZIP
49. TITLE	49.1 TITLE	50. NAME	50.1 NAME
51. STREET ADDRESS	51.1 STREET ADDRESS	52. CITY-STATE-ZIP	52.1 CITY-STATE-ZIP
53. TITLE	53.1 TITLE	54. NAME	54.1 NAME
55. STREET ADDRESS	55.1 STREET ADDRESS	56. CITY-STATE-ZIP	56.1 CITY-STATE-ZIP
57. TITLE	57.1 TITLE	58. NAME	58.1 NAME
59. STREET ADDRESS	59.1 STREET ADDRESS	60. CITY-STATE-ZIP	60.1 CITY-STATE-ZIP
61. TITLE	61.1 TITLE	62. NAME	62.1 NAME
63. STREET ADDRESS	63.1 STREET ADDRESS	64. CITY-STATE-ZIP	64.1 CITY-STATE-ZIP

14. I 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)(d), 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, and I am an officer or director of the corporation or the receiver or liquidator empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE: JACK AZOUT, PRES.

2/10/95

(305) 935-5175