

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

FILED

Feb 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L40415 (6)

1. Corporation Name  
MAXGIL, INC.

Principal Place of Business  
3079 NE 613 ST  
N. MIAMI BEACH FL 33160  
US

Mailing Address  
P O BOX 630817  
MIAMI FL 33163-0817



3. Date Incorporated or Qualified 01/05/1990  
3a. Date of Last Report 04/04/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 30 Country  
24 25 29 30

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

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

~~PREMIER ASSET MANAGEMENT~~  
~~XXXXXX XXXXX~~  
~~NORTH MIAMI BEACH FL 33160~~

81 Name Premier Asset Management, Inc.  
82 Street Address (P.O. Box Number is Not Acceptable) 2100 Park Central Blvd., N  
83 Suite 900  
84 City Pompano Beach FL 85 Zip Code 33064

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 *[Signature]* JACK AZOUT 1/30/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	NAME	AZOUT, JACK	1.1 TITLE	
STREET ADDRESS	3802 NE 207 STREET, #1502	1.2 NAME			
CITY-ST-ZIP	NORTH MIAMI BEACH FL	1.3 STREET ADDRESS			
		1.4 CITY-ST-ZIP			
TITLE	SD	NAME	AZOUT, GILDA	2.1 TITLE	
STREET ADDRESS	3802 NE 207 STREET, #1502	2.2 NAME			
CITY-ST-ZIP	NORTH MIAMI BEACH FL	2.3 STREET ADDRESS			
		2.4 CITY-ST-ZIP			
TITLE		NAME		3.1 TITLE	
STREET ADDRESS				3.2 NAME	
CITY-ST-ZIP				3.3 STREET ADDRESS	
				3.4 CITY-ST-ZIP	
TITLE		NAME		4.1 TITLE	
STREET ADDRESS				4.2 NAME	
CITY-ST-ZIP				4.3 STREET ADDRESS	
				4.4 CITY-ST-ZIP	
TITLE		NAME		5.1 TITLE	
STREET ADDRESS				5.2 NAME	
CITY-ST-ZIP				5.3 STREET ADDRESS	
				5.4 CITY-ST-ZIP	
TITLE		NAME		6.1 TITLE	
STREET ADDRESS				6.2 NAME	
CITY-ST-ZIP				6.3 STREET ADDRESS	
				6.4 CITY-ST-ZIP	

14. I do 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 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: *[Signature]* JACK AZOUT 1/30/97 (305) 935-6175  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)