FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 10:57

DOCUMENT # M45000 (0)

1. Corporation Name
MAXAL OF FLORIDA, 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: 01/19/1987
3a. Date of Last Report: 02/18/1994

2. Principal Place of Business
21 3079 NE 163 STREET
Suite, Apt. #, etc. 22
City & State 23 NO. MIAMI BEACH, FL
Zip 24 33160 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 59-1997825 ☐ 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

~~AZOUT, JACK~~
~~1502 3802 NE 207 CT~~
~~NO. MIAMI BEACH FL 33180~~

10. Name and Address of New Registered Agent

61 Name: AZOUT, JACK
62 Street Address (P.O. Box Number is Not Acceptable): 3802 NE 207 STREET
63: #1502
64 City: NO. MIAMI BEACH FL 65 Zip Code: 33180

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. DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~P~~	11 TITLE	P/D ☒ Change ☐ Addition
NAME	~~AZOUT, JACOBO~~	12 NAME	AZOUT, JACK
STREET ADDRESS	~~7951 SW 6TH ST #201~~	13 STREET ADDRESS	3802 NE 207 STREET #1502
CITY-ST-ZIP	~~PLANTATION FL~~	14 CITY-ST-ZIP	NO. MIAMI BEACH, FL 33180
TITLE	~~S~~	21 TITLE	S/D ☒ Change ☐ Addition
NAME	~~AZOUT, GILDA~~	22 NAME	AZOUT, GILDA
STREET ADDRESS	~~7951 SW 6TH ST #201~~	23 STREET ADDRESS	3802 NE 207 STREET #1502
CITY-ST-ZIP	~~PLANTATION FL~~	24 CITY-ST-ZIP	NO. MIAMI BEACH, FL 33180
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 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 addition.

SIGNATURE: JACK AZOUT, PRES. (305) 935-5175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0200707 CP