

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 # **M45000** (0)

1. Corporation Name
MAXAL OF FLORIDA, INC.



Principal Place of Business: **3079 NE 163 ST NO. MIAMI BEACH FL 33160 US**
Mailing Address: **P.O. BOX 630817 MIAMI FL 33163**

3. Date Incorporated or Qualified 01/19/1987	3a. Date of Last Report 02/20/1995
4. FEI Number 59-1997825	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**AZOUT, JACK
3802 NE 207 ST #1502
NO. MIAMI BEACH FL 33180**

10. Name and Address of New Registered Agent
81 Name: **PREMIER ASSET MANAGEMENT, INC.**
82 Street Address (P.O. Box Number is Not Acceptable): **2100 Park Central Boulevard North**
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 607.0525, Florida Statutes.

SIGNATURE: *[Signature]* **JACK AZOUT, PRESIDENT** DATE: **3/6/96**

12. OFFICERS AND DIRECTORS

TITLE: PD	NAME: AZOUT, JACOBO	DELETED: <input type="checkbox"/>
STREET ADDRESS: 3802 NE 207 ST #1502	CITY-ST-ZIP: NO. MIAMI BEACH FL	
TITLE: SD	NAME: AZOUT, GILDA	DELETED: <input type="checkbox"/>
STREET ADDRESS: 3802 NE 207 ST #1502	CITY-ST-ZIP: NO. MIAMI BEACH FL	
TITLE: <input type="checkbox"/> DELETE	NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: PD	Change: <input checked="" type="checkbox"/> Addition: <input type="checkbox"/>
1.2 NAME: AZOUT, JACK	
1.3 STREET ADDRESS: 3802 NE 207th ST. STE#1502	
1.4 CITY-ST-ZIP: NORTH MIAMI BEACH, FL 33180	
2.1 TITLE: SD	Change: <input checked="" type="checkbox"/> Addition: <input type="checkbox"/>
2.2 NAME: AZOUT, GILDA	
2.3 STREET ADDRESS: 3802 NE 207th ST. STE#1502	
2.4 CITY-ST-ZIP: NORTH MIAMI BEACH, FL 33180	
3.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
3.2 NAME:	
3.3 STREET ADDRESS:	
3.4 CITY-ST-ZIP:	
4.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-ST-ZIP:	
5.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY-ST-ZIP:	
6.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
6.2 NAME:	
6.3 STREET ADDRESS:	
6.4 CITY-ST-ZIP:	

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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: *[Signature]* **JACK AZOUT, President** DATE: **3/26/96** Daytime Phone: **935-5175**

CR2E034 (12/95)