

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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

10. Name and Address of New Registered Agent

AZOUT, JACK
3802 NE 207 ST
#1502
NO. MIAMI BEACH FL 33180

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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

JACK AZOUT, PRESIDENT

3/6/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

DELETE

NAME

PD
AZOUT, JACOBO
3802 NE 207 ST #1502
NO. MIAMI BEACH FL

STREET ADDRESS

CITY-ST-ZIP

1.2 TITLE

DELETE

NAME

SD
AZOUT, GILDA
3802 NE 207 ST #1502
NO. MIAMI BEACH FL

STREET ADDRESS

CITY-ST-ZIP

1.3 TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.4 TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.5 TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.6 TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change ☒ Addition ☐

Change ☒ Addition ☐

Change ☐ Addition ☐

Change ☐ Addition ☐

Change ☐ Addition ☐

Change ☐ Addition ☐

100001740811

03/13/96-01022-008

***200.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK AZOUT, President 3/26/96

935-5175

Date

Daytime Phone

CR2E034 (12/95)