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

APPROVED AND FILED
95 APR 28 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M62738** **(3)**

1. Corporation Name
MAXIMA INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
3305 NORTHWEST 74 AVENUE P.O. BOX 526944 MIAMI FL 33122 US	3305 NORTHWEST 74 AVENUE P.O. BOX 526944 MIAMI FL 33122 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/19/1987**
3a. Date of Last Report: **08/12/1994**

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

4. FEI Number: **65-0012986** ☐ 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

MOLINA, EDUARDO I
110 SW 136 AVE
MIAMI FL 33184

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

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 _____ 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	~~STD~~	1.1 TITLE	STD	☒ Change ☐ Addition
NAME	~~MOLINA, EDUARDO~~	1.2 NAME	MOLINA, EDUARDO	
STREET ADDRESS	~~110 S.W. 136TH AVE.~~	1.3 STREET ADDRESS	110 SW 136th Ave.	
CITY ST ZIP	~~MIAMI FL~~	1.4 CITY ST ZIP	MIAMI, FL 33184	
TITLE	~~CEO~~	2.1 TITLE	CEOD	☐ Change ☒ Addition
NAME	~~CARMONA, ISABEL M.~~	2.2 NAME	CARMONA, FRANCISCO R.	
STREET ADDRESS	~~300 S.W. 128TH AVE.~~	2.3 STREET ADDRESS	300 SW 128 Ave	
CITY ST ZIP	~~MIAMI FL~~	2.4 CITY ST ZIP	MIAMI, FL 33184	
TITLE		3.1 TITLE	PD	☐ Change ☒ Addition
NAME		3.2 NAME	MARTINEZ, EDUARDO J.	
STREET ADDRESS		3.3 STREET ADDRESS	4540 SW 151 PL	
CITY ST ZIP		3.4 CITY ST ZIP	MIAMI, FL 33185	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY ST ZIP		4.4 CITY ST ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY ST ZIP		5.4 CITY ST ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY ST ZIP		6.4 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)(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 above, or on an attachment with an address.

SIGNATURE: _____ 4/26/95 (305) 599-0681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0120276 CP