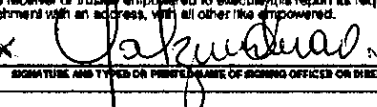


FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90071 029 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000078852					
1. Entity Name MAXIM INTERNATIONAL, CORP.					
Principal Place of Business 403 NW 403RD STREET MIAMI, FL 33150			Mailing Address 4624 NW 97RD STREET MIAMI, FL 33150		
2. Principal Place of Business 4624 NW 97 PL			3. Mailing Address 4624 NW 97 PL		
City & State MIAMI FL			City & State MIAMI FL		
Zip 33178		Country US		4. FEI Number 47-0878896	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BUROMAN, VALDEMAR 403 NW 403RD STREET MIAMI, FL 33150				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4624 NW 97 PL City MIAMI FL 33178	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's name must remain on document.)					
				9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
☐ Delete				☒ Change ☐ Addition	
10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP PD BUROMAN, VALDEMAR 403 NW 403RD STREET MIAMI, FL 33150				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP 4624 NW 97 PL MIAMI FL 33178	
☐ Delete				☒ Change ☐ Addition	
10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP VD BUROMAN, VLADIMIR 403 NW 403RD STREET MIAMI, FL 33150				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP 4624 NW 97 PL MIAMI FL 33178	
☐ Delete				☐ Change ☐ Addition	
10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete				☐ Change ☐ Addition	
10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete				☐ Change ☐ Addition	
10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete				☐ Change ☐ Addition	
10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete				☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: x 				3-1-03 (305) 436-3094	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone	

10090971



☐ CHECK HERE IF MAKING CHANGES

CORP034 (10/02)