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FILED
May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P30022 (8)

1. Corporation Name
MAXITILE, INC.

Principal Place of Business
7141 KINGSVIEW AVE
CARSON CA 90746
US

Mailing Address
17141 KINGSVIEW AVE
CARSON CA 90746-1207
US



2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip ly

3. Date Incorporated or Qualified
06/29/1990

3a. Date of Last Report
05/01/1996

4. FEI Number
95-3998636

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

A.G.C. CO.
2300 SUN BANK CENTER
200 SOUTH ORANGE AVENUE
ORLANDO FL 32801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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

(NOTE: Regent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP
PST
DJURKLOU, NILS
17141 KINGSVIEW AVE
CARSON CA

ADDRESS

ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP
CD
DE METZ, ALAIN
HORACIO 1855, DESPACHO 502
COL. POLANCO, MEXICO

ADDRESS

ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP
D
ASTIER, ALBERT
HORACIO 1855, DESPACHO 502
COL. POLANCO, MEXICO

ADDRESS

ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP
D
EBLE, ROBERT
HORACIO 1855, DESPACHO 502
COL. POLANCO, MEXICO

ADDRESS

ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP
D
AGUILERA, CARLOS
HORACIO 1855, DESPACHO 502
COL. POLANCO, MEXICO

ADDRESS

ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

ADDRESS

ST- ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for 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 correct 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 file this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or is changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

4-28-97 310-217-0316
Date Daytime Phone #

CR2E034 (9/96)