## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

PRÖFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 🔧

Secretary of State
DIVISION OF CORPORATIONS

## OCUMENT # P9200002722 (6)

## WAL-MAX CORPORATION

Principal Place of Business

SIGNATURE:

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90254 004 \*\*\*150.00

|--|--|--|--|--|--|

1325 N.W. 78TI SUITE 101 MIAMI FL 3312 US	MIAMI FL 33126		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  11/05/1992		
2. Principal P	lace of Business	2a. Mailing Address	. 10 4		Applied For
21		26		65-0400436	Not Applicable
	#, etc	Suite, Apt. #, etc.		I 5 Certificate of Status Desired I I T	8.75 Additional
	City & State City & State		6. Election Campaign Financing	\$5.00 May Be	
23	28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current	year Intangible
24	25	29	30	Personal Property Tax due June 30.	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Age	<u>nt</u>
MOF	ra, Michael J		81 Name	MAX SALVADOF	
5960	) N.W. 7TH ST.		82 Street A	Address (P.O. Box Number is Not Ancepteban)	
MIAI	MI FL 33126			Address (P.O. Box Number is Not Accepted)	
I			83	The state of the s	)
- ناحد			84 City	8	5 Zip Code
			o City	MIANI FL	33166
11 Dureuan	t to the provisions of sections 607.0502	and 607.1508, Florida Statute	s, the above-named co	progration submits this statement for the purpose of changi	ing its registered
office or	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was a tions of section 607:0505. Flo	uthorized by the corportion	pration's board of directors. I hereby accept the appointment	int as registered
	$VV \cap A \subseteq A$	700 900 Va		3/22/9	7 <b>9</b>
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent signatur		
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	SALVADOR, MAX		1.2 NAME		
STREET ADDRESS	1301 N.W. 78 AVE.		1.3 STREET ADDRESS		
-CITY-ST-ZIP	_MIAMI_FL 33126		1:4 CITY-ST-ZIP		
TITLE	(2)	DELETE	2.1 TITLE		Change   Addition
NAME	2.2 NAME				
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP		<u> </u>	2.4 CITY-ST-ZIP		<u></u>
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		ļ
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	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 hereby c	ertify that the information supplied with	this filing does not qualify for the	ne exemption stated in	section 119.07(3)(i), Florida Statutes. I further certify that ture shall have the same legal effect as if made under oai	the information
an officer	or director of the corporation or the rec 2 or Block 13 if changed, or on an atta	eiver or trustee empowered to	execute this report a	s required by Chapter 607, Florida Statutes; and that my	name appears