

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000004138 (2)

1. Corporation Name

MAXIMA INTERNATIONAL BUSINESS, INC.



Principal Place of Business

Mailing Address

240 NE 311 TERR.
N. MIAMI BEACH FL 33179

141 NE 6RD AVE.
SUITE 206
MIAMI FL 33132

2. Principal Place of Business

21 8265 NW 56th STREET

Suite, Apt. #, etc.

22

City & State

23 MIAMI, FL.

Zip

24 33166

Country

25 USA

2a. Mailing Address

26 8265 NW 56th STREET

Suite, Apt. #, etc.

27

City & State

28 MIAMI, FL.

Zip

29 33166

Country

30 USA

3. Date Incorporated or Qualified

01/20/1993

3a. Date of Last Report

05/18/1995

4. FEI Number

65-0424738

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

OK BUSINESS
141 NE 6RD AVE
SUITE 206
MIAMI FL 33132

81

Name

CLIVS DI SUSA

82

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

8265 NW 56th STREET

83

84

City

MIAMI

FL

85 Zip Code

33166

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

CLIVS DI SUSA

06/07/96

Signature, typed or printed name of registered agent and the date applicable.

(NOTE: Registered Agent signature required when remitting.)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME ROXANNE DELSON

STREET ADDRESS 240 NE 311 TERR.

CITY-ST-ZIP N. MIAMI BEACH FL 33179

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

PVSTD

DI SUSA, CLIVS

8265 NW 56TH STREET

MIAMI, FL. 33166

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

CLIVS DI SUSA

06/07/96

(305)591-8273

CR2E034 (3/96)