PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000042461

1. Corporation Name

MALAXA CORP.

•	
Principal Place of Business	 Mailing Addres

21

22

23

24

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP " +

STREET ADDRESS

1. A.

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME

TITLE

NAME

TITLE

NAME

□ DELETE

□ DELETE

☐ DELETE

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90246 003 ***150.00

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Principal Place of Business Mailing Address 1505 S. FEDERAL HWY 1505 S. FEDERAL HWY					İ						
DANIA FL 33004 US US		DO NOT WRITE IN THIS SPACE									
		US				3. Date incorporated or Quelifed					
						06/10/1993					
2. Principal Place of Busines		2a. Mailing Address			1	FEI Number		Apr	plied For	†	
-	 -	¬			1	65-0422408		<u> </u>	t Applicable	1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.						\$8.75 A		1	
	 	27			5	. Certifcate of Status Desired		Fee Rec			
City & State		City & State			<u> </u>	Election Campaign Financing		\$5.00	May Re	1	
─ `	· .	28			"	Trust Fund Contribution		Added to	•		
Zip	Country	Zip	Count			This corporation owes the currer	nt vear Int			İ	
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	d Address of Current Re		1		10	Name and Address of New Re	gistered	Agent			
*** () / *	***		8	1 Name					_] .	
SCHNEIDER, REU	BEN M		_				1-1			1	
2021 TYLER ST			8	2 Street	Address (P.O. Box Number is Not Acceptab	I O)				
HOLLYWOOD FL	33020		8	3					_	1 ,	
										1	
	•		1	4 City		<u>.</u>	FL	85 Zip C		}	
office or registered agent	or both in the State of F	id 607.1508, Florida Statutes, lorida. Such change was auth s of, Section 607.0505, Florida	orized t	ov the corbo	corporation s to	on submits this statement for the proportion of directors. I hereby accept	urpose of the appoi	changing its i ntment as reg	registered gistered		
SIGNATURE											
Signature, typed or p	rinted name of registered agent and			gent signature n	quired when		DATE	ID DIDECTO		∤ જ્ર	
12.	OFFICERS AND D	DELETE	13.	- 1		ADDITIONS/CHANGES TO OFFI	CERS AN	Change	Addition	CR2F034 (11/98)	
TITLE PSTD		□ beceie	1.1 TITLE					C onlinge	<u></u>	\(\frac{5}{4} \)	
	AS, THEODORE		1.2 NAM							8	
STREET ADDRESS 4314 TAYLO				EET ADDRESS						1 6	
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πre Λb		☐ DĒLĒTE	2.1 TITLE					□ Onarige	L. Addison	-	
	as, theodore Jr		2.2 NAM								
STREET ADDRESS 4314 TAYLO		2.3 S ⁻¹		EET ADDRESS						}	
CITY-ST-ZIP HOLLYWOO	D FL 33021			/-ST-ZIP						-	
TITLE .		☐ DELETE	3.1 T?TL!					Change	Addition	1	
NAME			3.2 NAM	E							
STREET ADDRESS			3.3 STR	EET ADORESS						}	
			44.00							1	

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing 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 if changed, or on an attraction with an address, with all other like empowered.

4.1 TITLE

5.1 TITLE

5.2 NAME

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZiP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

☐ Change

☐ Change

☐ Addition

☐ Addition

☐ Addition