

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jan 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P93000049916 (8)
 1. Corporation Name
MAKSAN, INC.



Principal Place of Business 4700 HIATUS RD SUITE 152-B SUNRISE FL 33351	Mailing Address 4700 HIATUS RD SUITE 152-B SUNRISE FL 33351-7951
---	--

3. Date Incorporated or Qualified 07/09/1993	3a. Date of Last Report 01/26/1996
4. FEI Number 65-0446888	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 4700 Hiatus Road Suite, Apt. #, etc.	2a. Mailing Address 26 4700 Hiatus Road Suite, Apt. #, etc.
22 Suite 153 City & State	27 Suite 153 City & State
23 Sunrise, FL Zip	28 Sunrise, FL Zip
24 33351 Country 25 USA	29 33351 Country 30 USA

9. Name and Address of Current Registered Agent GENET, BENJAMIN J 4700 HIATUS RD SUITE 152-B SUNRISE FL 33351	10. Name and Address of New Registered Agent 81 Name Genet, Benjamin J. 82 Street Address (P.O. Box Number is Not Acceptable) 4700 Hiatus Road 83 Suite 153 84 City Sunrise FL 85 Zip Code 33351
---	--

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: Benjamin J. Genet, President/Secretary 15 January 1997
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PS	<input type="checkbox"/> DELETE	1.1 TITLE PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GENET, BENJAMIN		1.2 NAME Genet, Benjamin J.	
STREET ADDRESS 4700 HIATUS ROAD, 152-B		1.3 STREET ADDRESS 4700 Hiatus Road, Suite 153	
CITY-ST-ZIP SUNRISE FL		1.4 CITY-ST-ZIP Sunrise, FL 33351	
TITLE VPT	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ZINGER, DAVID		2.2 NAME	
STREET ADDRESS 2020 N.E. 207TH STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP N. MIAMI BEACH FL		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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, checked, or on an attachment with an address.

SIGNATURE: Benjamin J. Genet, President/Secretary 15 Jan 97 (954) 572-9159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)