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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

2. Principal Place of Business

21 4700 Hiatus Road

Suite, Apt. #, etc.

22 Suite 153

City & State

23 Sunrise, FL

Zip

24 33351

Country

25 USA

2a. Mailing Address

26 4700 Hiatus Road

Suite, Apt. #, etc.

27 Suite 153

City & State

28 Sunrise, FL

Zip

29 33351

Country

30 USA

4. FEI Number
65-0446888

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

**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
85 Zip Code
FL 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

| | | |
|-----------------|-------------------------|---------------------------------|
| TITLE | PS | <input type="checkbox"/> DELETE |
| NAME | GENET, BENJAMIN | |
| STREET ADDRESS | 4700 HIATUS ROAD, 152-B | |
| CITY - ST - ZIP | SUNRISE FL | |
| TITLE | VPT | <input type="checkbox"/> DELETE |
| NAME | ZINGER, DAVID | |
| STREET ADDRESS | 2020 N.E. 207TH STREET | |
| CITY - ST - ZIP | N. MIAMI BEACH FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|-----------------------------|--|
| 1.1 TITLE | PS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Genet, Benjamin J. | |
| 1.3 STREET ADDRESS | 4700 Hiatus Road, Suite 153 | |
| 1.4 CITY - ST - ZIP | Sunrise, FL 33351 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY - ST - ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY - ST - ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY - ST - ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY - ST - ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 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, 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)