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

CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000059619 (5)

MAXINE'S MODELS CLIQUE, INC.

FILED Apr 17 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address			-{	IBAN BBABN BANIB BBANK BANKI HABIB A	P	
7795 W. FLAGLER ST SUITE 44		7795 W. FLAGLER ST. SUITE 44						
MIAMI FL 331	44	MIAMI FL 33144				E IN THIS SPACE		
US		US			3. Date Incorporated or Qualified 08/23/1993			
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address			Appli	ed For	
21		26				65-0437456 Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired See Required Fee Required		
City & State		City & State	26		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution			
Zip	Country Zip		 -	Country 8. This corporation owes or has paid the current year Interest.			- 1	
24	25 29 29 9. Name and Address of Current Registered Agent		30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
		nt Hegistered Agent	1 Name					
ALVAREZ, JORGE A				1480116	SAME			
2210 COUNTRY CLUB PRADO CORAL GABLES FL 33134			8:	2 Street Addre	ess (P.O. Box Number is Not Accepta	ble)		
"	MAL GABLES PL 33134		8:	3				
			8-	4 City		FL 85 Zip Coo	et et	
11. Pursuant I	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	s, the aho	ve-named corpo	oration submits this statement for the	purpose of changing its re	egistered	
office or re agent. I ar	e giste red agent, or both, in the State m f a miliar with, and accept the oblig	: of Florida. Such change was at jations of, Section 607,0805, Flor	uthorized t rida Statut	by the corporations.	on's board of directors. I hereby acce	ept the appointment as reg	istered	
SIGNATURE	AHH	HHHH (166)	11in	~ 	1 (104)	4-13-87		
	Signature, typed or printed name of repictured ag			gent signature require		DATE.		
12.	PD OKHCHRS AN	ID DIRECTÓRS DELETE	13.		ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS I	Addition	
NAME	MITCHELL, MAXINE	- Week	1.2 NAMI					
STREET ADDRESS	4070 OM 400 DI 400		1.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33183		1.4 CITY-ST-ZIP				[
TITLE	VSD					☐ Change	Addition	
NAME	ALVAREZ, JORGE A		. 2.2 NAME					
STREET ADDRESS	2210 COUNTRY CLUB PRAD)P	2.3 STRE	ET ADDRESS				
CITY-ST-ZIP			2.4 CITY	1				
TITLE	☐ DELETE		3.1 TITLE			∐ Change L	Addition	
NAME			3.2 NAM!	1				
STREET ADDRESS				ET ADDRESS				
CFTY-ST-ZIP		DELETE	3.4. CITY 4.1 THLE			Change	Addition	
NAME			4. 2 NAM			ي موسده ي		
STREET ADDRESS				ET AODRESS				
CITY-ST-ZIP			4.4 CITY-					
TITLE	DELETE		5.1 TITLE			☐ Change	Addition	
NAME			5.2 NAME					
STREET ADORESS			5 3 STRE	et acidress				
CITY-ST-ZIP			5.4 CitY-				- TAILES	
TITLE		L] DELETE	61 TITLE			Change L	Addition	
NAME			6.2 NAME					
STREET ADDRESS			1	ET AUDRESS				
CITY-ST-ZIP			6.4 CITY	ST-ZIP	0-16-140 07/0V// Florida Clabata	TENNE TO THE RESERVE		

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 attachment with an address.

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