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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P93000063812 (0) DOCUMENT # MIXAM, INC. Mailing Address Principal Place of Business 9147 PINE SPRINGS DR 9147 PINE SPRINGS DR **BOCA RATON FL 33428 BOCA RATON FL 33428** 3. Date Incorporated or Qualified 3a. Date of Last Report 02/10/1995 09/07/1993 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 65-0437237 Not Applicable 26 21 \$8,75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 Country Country 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (F.O. Box Number is Not Acceptable) EIDA. MAXIM 82 9147 PINE SPRINGS DR 83 **BOCA RATON FL 33428** 85 Zip Code 84 City 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 heard of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE NOTE Registered April signature respirate when result and Signature typed or printed name of registered agent and title it applicable (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Change EIDA 11/1Xi.11 💹 DELETE 1 1 THEF TITLE Sies to Hey Dr CR2E034 1.2 NAME EIDA, MAXIM NAME 1.3 STREET ADDRESS 9147 PINE SPRINGS DR STREET ADDRESS Reton **BOCA RATON FL 33428** 1.4 CHY-ST-ZIP CiTY-S1-ZIP Addition [] DELETE 2 1 THE THILE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 C:TY - S1 - ZIP CHY-ST-7P [] Change DELETE 3 1 TO UE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CHY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 4. 1 11'LE TITLE NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY - \$1 - ZIF CITY - ST - ZIP ☐ Change Addition [] DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$1 - 2IF CITY - ST - ZIP Addition Change DELETE 6 1 TiTLE TITLE 6.2 NAME NAME

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), Froida 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 logal 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 Right 13 or Right 13 is chapted by an an attachment with an address. appears in Block 12 or Block 13 if changed, or on an attachment with an address

6.3 STREET ADDRESS

6.4 CITY-ST 20F

STREET ADDRESS

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