FILED Apr 12, 1999 8:00 am Secretary of State

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PROFIT CORPORATION "ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000065067

STREET ADDRESS CITY-ST-ZIP

SIGNATURE

MAXIMA TRADING CORP.

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Principal Place	of Business	Mailing Address										
8962 SW 113TH	AVE	8962 SW 113TH AV	E			-						
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MIAMI FL 33176 MIAMI FL 33176				<u> </u>			- D-1-1			E IN THIS	SPACE	
บร		US				j		orporated or Qu	auted			ľ
							09/15/1				1 1-	
2. Principal Pl	ace of Business	2a. Mailing Addres	s			į	4. FEI Numl				<u> </u>	Applied For
21	<u> </u>	26					<u>65-043</u>	9924				Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, e	tc.	- ,			s Certifoate	of Status Des	ired			Additional .
22		27					J . 00,				- Fee I	Required
City & State	9	City & State					6. Election (Campaign Fina	ncing	П		May Be
23		28			_		Trust Fun	nd Contribution			Adde	to Fees
Zip	Country	Zip		Country	,]	8. This corp	oration owes th	he curre			
24	25	29	30)l				Property Tax.			Yes	No
	9. Name and Address of Current	Registered Agent					10. Name an	nd Address of	New Re	gistered	Agent	
				81	Nam	e						
EDU/	ARDO CARVALHO, MACEDO			82	Ctrac	t Addros	n /B O Boy N	lumber is Not A	ccentat	ule)		
8962 SOUTHWEST 113RD AVENUE				82	Street	et Audres	55 (F.O. BOX 14	MILIDEI IS NOT	rcceptat	,,,,		
MIAM	fl FL 33176			83	_							
{					ļ. <u>.</u>							
ļ	•			84	City					FI	85 Zi	Code
		and 607 1509. Florida	Statutos	the about		d comor	ation cubmits	this statement	for the p	, –	changing i	ts registered
11. Pursuant t	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1506, Florida f Florida. Such change	was auth	orized by	the co	rporation	's board of dire	ectors. I hereby	y accept	the appoi	ntment as	registered
agent Lar	m familiar with, and accept the obligation	ons of Section 607.05	OF Florida									
		0110 21, 000000 001 100	us, ridijus	a Statutes	. .							
SIGNATURE				a Statutes	•							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.		gistered Ager	•		when reinstating)			DATE		
SIGNATURE	Signature, typed or printed name of registered egent OFFICERS AND	and title if applicable. DIRECTORS	(NOTE: Re	gistered Ager	•			IS/CHANGES	TO OFF	DATE		
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable.	(NOTE: Re	gistered Ager 13. 1.1 TITLE	•			IS/CHANGES	TO OFF	DATE	ID DIREC	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND P MACEDO, EDUARDO CARVAL	and title if applicable. DIRECTORS	(NOTE: Re	gistered Ager	•			IS/CHANGES	TO OFF	DATE		
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. DIRECTORS	(NOTE: Re	gistered Ager 13. 1.1 TITLE	nt signatui	re required w		IS/CHANGES	TO OFF	DATE		
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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 attachment with an address, with all other like empowered.

6.3 STREET ADDRESS