

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 08 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 # P93000080449 (0)

1. Corporation Name
MAXWELL & WINSTON, INC.



Principal Place of Business

1007 LINCOLN ROAD
MIAMI BEACH FL

Mailing Address

10960 WILSHORE BLVD
10 FL
LOS ANGELES CA 90024
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

3. Date Incorporated or Qualified

11/22/1993

3a. Date of Last Report

10/09/1996

4. FEI Number

65-0484929

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NATIONSCORP REGISTERED AGENTS INC.
526 EAST PARK AVE.
STE. 200
TALLAHASSEE FL 32302

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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 P ☐ DELETE

NAME RAY, ARLENE
STREET ADDRESS 1007 LINCOLN RD
CITY-ST-ZIP MIAMI FL

TITLE VPSC ☐ DELETE

NAME RAY, DAVID L
STREET ADDRESS 1007 LINCOLN RD
CITY-ST-ZIP MIAMI FL

TITLE VP ☐ DELETE

NAME VECCHIO, ROBERT
STREET ADDRESS 1007 LINCOLN RD
CITY-ST-ZIP MIAMI FL

TITLE T ☐ DELETE

NAME RAY, ROBYN
STREET ADDRESS 1007 LINCOLN ROAD
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME Ray, Arlene N/A

1.3 STREET ADDRESS P.O. Box 191249

1.4 CITY-ST-ZIP Miami Beach, Florida 33119

2.1 TITLE VPSC ☒ Change ☐ Addition

2.2 NAME Ray, David L. N/A

2.3 STREET ADDRESS P.O. Box 191249

2.4 CITY-ST-ZIP Miami Beach, Florida 33119

3.1 TITLE VP ☒ Change ☐ Addition

3.2 NAME Vecchio, Robert N/A

3.3 STREET ADDRESS P.O. Box 191249

3.4 CITY-ST-ZIP Miami Beach, Florida 33119

4.1 TITLE T ☒ Change ☐ Addition

4.2 NAME Ray, Robyn N/A

4.3 STREET ADDRESS P.O. Box 191249

4.4 CITY-ST-ZIP Miami Beach, Florida 33119

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE RAY, DAVID L. Ray

7/21/97

CR2E034 (4/97)