

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90052 048 ***150.00

0262132

DOCUMENT # P93000080716

1. Corporation Name
MAX VISIONS, INC.

Principal Place of Business
6157 NW 167TH ST
UNIT F-2
MIAMI FL 33015

Mailing Address
6157 NW 167TH ST
UNIT F-2
MIAMI FL 33015



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/22/1993

4. FEI Number

65-0459017

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 12000 BISCAYNE BLVD

Suite, Apt. #, etc.

22 405

City & State

23 NORTH MIAMI, FL

Zip

24 33181

Country

25 USA

2a. Mailing Address

26 12000 BISCAYNE BLVD.

Suite, Apt. #, etc.

27 405

City & State

28 N. MIAMI, FL

Zip

29 33181

Country

30 USA

9. Name and Address of Current Registered Agent

DHOLAKIA, YAGNESH
6157 NW 167TH STREET
UNIT F-2
MIAMI FL 33015

10. Name and Address of New Registered Agent

81 Name JOSEPH HANDY

82 Street Address (P.O. Box Number is Not Acceptable)
12000 BISCAYNE BLVD. #405

83

84 City N. MIAMI

FL

85 Zip Code 33181

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	DP	<input checked="" type="checkbox"/> DELETE
NAME	DHOLAKIA, YAGNESH	
STREET ADDRESS	6157 NW 167TH STREET UNIT F-2	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WINDLASS, ASHWANI	
STREET ADDRESS	6157 NW 167TH ST. UNIT F-2	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SINGH, ANALJIT	
STREET ADDRESS	6157 NW 167TH ST UNIT F-2	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GUPTA, SANDEEP	
STREET ADDRESS	6157 N.W. 167TH ST., UNIT F-2	
CITY-ST-ZIP	MIAMI FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PD
3.3 STREET ADDRESS	12000 BISCAYNE BLVD #405
3.4 CITY-ST-ZIP	N. MIAMI, FL 33181
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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES.

Date

1/27/99

Daytime Phone #

CR2E034 (11/98)