FILED Apr 29, 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 # P93000086151

1. Corpora ion Name

NAME

STREET ADDRESS

CITY-ST-ZIP

MAXIS TRADING CORP.

Principal Place	of Business	Mailing Address				SI IBIO DIIDI IIDDI	DOLUMNI STOLEN
8232 NW 14TH ST.		8232 NW 14TH ST.					
MIAMI FL 3:126		MIAMI FL 33126					
US		US		DO NOT WRITE IN THIS SPACE			
					Date Incorporated or Qualifed 12/10/1993		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Apr	p ied For	
21		26		65-04567 <u>01</u>		t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	I	
22		27			Fee Re		
City & State		City & State		6. Election Campaign Financing	\$5.00		
23		28		Trust Fund Contribution	Added to	o Fees	
Zip - Country		Zip Country		8. This corporation owes the current year		[]No	
24	25		0		Personal Property Tax. 10. Name and Address of New Registere		
	9. Name and Add ess of Current	Registered Agent	81	Name	30. Name and Address of New Registere	1 Agein	
HCR	M CORP.						
	CORPORATE BOULEVARD, NW	•	82	Street A	Address (P.O. Box Number is Not Acceptable)		Ì
	E 401		83				
BOCA RATON FL 33431			03				
			84	,	F		
11. Pursuant i	to the provisions of Sections 607.0502	and 607.1508, Florida Statu es	, the above	e-named c	poration submits this statement for the purpose	of changing its	registered
office or re	egistered agent, or both, in the State on familiar with, and accept the obligation	or Florida. Such change was auti ions of, Section 607,0505, Florid	norized by la Statutes	the corpor	ration's board of cirectors. I hereby accept the app	Jinunen as reg	Jistered
_	, , , (all man and account and about	, , , , , , , , , , , , , , , , , , , ,					Į
SIGNATURE	Signature, typed or printed nai ie of registered agent	and title if applicable. (NOTL. R	tegistered Agei	nt signature re	quired when reinstating) DATE		
12.	OFFICERS ANI	·	13.		ADDITIC NS/CHANGES TO OFFICERS	· 	
TITLE	D	☐ DELETE	1.1 TITLE			Change	Addition
NAME	POWELL, CYNTHIA J		1.2 NAME				i
STREET ADDRE IS	21611 FRONTENAC CT		13 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33433		14 CITY-ST-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	POWELL, DARREN		2.2 NAME				}
STREET ADDRESS	21611 FRONTENAC CT		2 3 STREET ADDRES				
CITY-ST-ZIP	BOCA RATON FL 33433	. <u> </u>	2 4 CITY-5	ST-ZIP			
TITLE	D	☐ DELETE	3.1 TITLE			Change	Addition -
NAME	POWELL, BRUCE		3.2 NAME				
STREET ADDRESS	21611 FRONTENAC CT		3.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33433		3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	41 TITLE			Change	☐ Addition
NAME			. 4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			53 STREE	T ADDRESS			}
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6 1 TITLE		-	☐ Change	☐ Addition
514547			6.2 NAME				I

6 3 STREET ADDRESS

64 CITY-ST-ZIP

14. 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 suppliemental 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 attach near with an address, with a lother like empowered.

SIGNATURE: