

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morison  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 19 AM 11:52

DOCUMENT # **P94000008375 (5)**

1. Corporation Name  
**ALMAX ENTERPRISES, INC.**

Principal Place of Business      Mailing Address  
**1240 NORTHWEST 187 STREET**      **1240 NORTHWEST 187 STREET**  
**MIAMI FL 33169**      **MIAMI FL 33169**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**02/02/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		<b>65-04-65327</b>		Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under D. 120.022, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>STEPHEN, ALBERT L 1240 NORTHWEST 187 STREET MIAMI FL 33169</b>				B1. Name			
				B2. Street Address (P.O. Box Number is Not Acceptable)			
				B3.			
				B4. 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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GLINTON, MAXINE Y</b>	12. NAME	<b>VICE PRESIDENT</b>
STREET ADDRESS	<b>1240 NORTHWEST 187 STREET</b>	13. STREET ADDRESS	<b>ALBERT STEPHEN</b>
CITY - ST - ZIP	<b>MIAMI FL 33169</b>	14. CITY - ST - ZIP	<b>1240 NW 187ST</b>
TITLE		15. CITY - ST - ZIP	<b>MIAMI, FL 33169</b>
NAME		2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		22. NAME	
CITY - ST - ZIP		23. STREET ADDRESS	
TITLE		24. CITY - ST - ZIP	
NAME		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		32. NAME	
CITY - ST - ZIP		33. STREET ADDRESS	
TITLE		34. CITY - ST - ZIP	
NAME		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		42. NAME	
CITY - ST - ZIP		43. STREET ADDRESS	
TITLE		44. CITY - ST - ZIP	
NAME		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		52. NAME	
CITY - ST - ZIP		53. STREET ADDRESS	
TITLE		54. CITY - ST - ZIP	
NAME		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		62. NAME	
CITY - ST - ZIP		63. STREET ADDRESS	
		64. CITY - ST - ZIP	

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 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Maxine Y. Glinton*      6/12/95      (305) 257-1430  
MANUALLY AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      (Date)      (Location Phone #)