

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

FILED  
May 15 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000028800 (8)**

1. Corporation Name  
**MAX EXPORT, INC.**



Principal Place of Business <b>2600 S KANNER HWY #W-8 STUART FL 34994</b>	Mailing Address <b>2600 S KANNER HWY #W-8 STUART FL 34997-2807</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. <b>2504 SW DANBURY LANE</b> City & State <b>PALM CITY FLORIDA</b> Zip <b>34990</b> Country <b>USA</b>	2a. Mailing Address 26 Suite, Apt. #, etc. <b>2504 SW DANBURY LANE</b> City & State <b>PALM CITY FLORIDA</b> Zip <b>34990</b> Country <b>USA</b>	3. Date Incorporated or Qualified <b>04/14/1994</b>	3a. Date of Last Report <b>05/01/1996</b>
		4. FEI Number <b>65-0485929</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>NAUKKARINEN, REINO</b> <b>2600 S KANNER HWY #W-8</b> <b>STUART FL 34994</b>	10. Name and Address of New Registered Agent 81 Name <b>HENRIKSSON PEKKA</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2504 SW DANBURY LANE</b> 83 City <b>PALM CITY</b> FL 85 Zip Code <b>34990</b>
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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  **HENRIKSSON PEKKA, PRESIDENT** DATE **04/04/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NAUKKARINEN, REINO</b>	1.2 NAME	
STREET ADDRESS	<b>2600 S KANNER HWY #W-8</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>STUART FL 34994</b>	1.4 CITY- ST- ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HENRIKSSON, PEKKA</b>	2.2 NAME	<b>HENRIKSSON, PEKKA</b>
STREET ADDRESS	<b>2504 SW DANBURY LANE</b>	2.3 STREET ADDRESS	<b>2504 SW DANBURY LANE</b>
CITY- ST- ZIP	<b>PALM CITY FL 34990</b>	2.4 CITY- ST- ZIP	<b>PALM CITY FL 34990</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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:  **PEKKA HENRIKSSON** DATE **04/04/97** 561-220-3097

CR2E034 (9/96)