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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED May 05 1998 8:00am Secretary of State

	MENT # P9400(RTEL MAXIM CORPORATION	0045143 (2) N	\text{\text{\text{\$\exiting{\$\text{\$\exititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}		
Principal Plac	e of Business	Mailing Address			61888 1611 1881
3410 S.W. 16	STH TERRACE	3410 S.W. 16TH TERRACE	•		
MIAMI FL 33	145	MIAMI FL 33145		DO NOT WAITE IN THE ORNOR	
				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
				06/16/1994	
2. Principal P	lace of Business	2a. Mailing Address		The second secon	Applied For
21 1200	NW 34TH ANE	26 1200 NW	34TH AV	E 65-0512894	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			Additional
22		27		Fee	Required
City & State		City & State	T		O May Be
23 MIA	Country	Zip Zip	Country		d to Fees
aa 3312				This corporation owes or has paid the current year in Personal Property Tax due June 30. Yes	Intanoible No
47) <u>U</u>	9. Name and Address of Current		301	10. Name and Address of New Registered Agent	IND
POWERS INCER 61 Name					
	10 S.W. 16TH TERRACE		100	Address (P.O. Box Number is Not Acceptable)	
MIAMI FL 33145				Address (P.O. Box Number is Not Acceptable)	
			83		
			A4 00		
			84 City	イルAM i FL 85 型	3125
office or re	egistered agent, or both, in the State in familiar with, and accept the obligation familiar with and accept the obligation familiar with a positive agents agent agents agent agents age	of Florida. Such change was au tions of, Section 607.0505, Flor	uthorized by the corp	corporation submits this statement for the purpose of changing oration's board of directors. I hereby accept the appointment a	as registered
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
TITLE	PTD	DELETE	1.1 TITLE	PTD Change	Addition
NAME	POWERS, INGER L		1.2 NAME	POWERS, INCERL	
STREET ADDRESS	3410 S.W. 16TH TERRACE		1.3 STREET ADDRESS	POWERS, INCERL 5820 SW 42 TERRACE	
CITY-ST-ZIP	MIAMI FL 33145	· · · · · · · · · · · · · · · · · · ·	1.4 CITY - ST - ZIP	MIAMI, FL 33155	
TITLE	SVD	L_ DELETE	2.1 11TLE	☐ Change	Addition
NAME	INFELD, ARTHUR M		2.2 NAME		
STREET ADDRESS	1200 N.W. 34TH AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33125	T Of Leve	2 4 CITY - ST - ZIP		T LANGE
TITLE		DELETE	31 TITLE	L. Change	e Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE	Change	Addition
NAME		L. Deter	4.1 IIILE 4.2 NAME	<u></u> Спануе	, LI MODILION
STREET ADDRESS			4.2 NAME 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			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	Change	Addition

14. Thereby 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 eath; 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.

3.2 NAME

SIGNATI IDE.

STREET ADDRESS CITY-ST-ZIP

A Malel

4.27.98

305-643 5252