FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY -1 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000047881 (5)

1. Corporate Name

MAXINE'S MODELS PRODUCTION, INC.

Principal Place of Business	Mailing Address
6076 S.W. 133RD PLACE MIAMI FL 33183	6076 S.W. 133RD PLACE MIAMI FL 33183

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/27/1994
3a. Date of Last Report:

2. Principal Place of Business: 21 —
2a. Mailing Address: 26 —
Suite, Apt. # etc. 22 — / 27 —
City & State 23 — / 28 —
Zip 24 — Country 25 — / Zip 29 — Country 30 —

4. FEI Number: *65-0505939* ☐ 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 has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CANTENS, GASTON I ESQ.
3191 CORAL WAY
SUITE 800
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 TITLE	☐ Change ☐ Addition
NAME	MITCHELL, MAXINE	1 NAME	
STREET ADDRESS	6076 S.W. 133RD PLACE	1 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33183	1 CITY-ST-ZIP	
TITLE	VSTD	2 TITLE	☐ Change ☐ Addition
NAME	ALVAREZ, JORGE A	2 NAME	
STREET ADDRESS	6076 S.W. 133RD PLACE	2 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33183	2 CITY-ST-ZIP	
TITLE	D	3 TITLE	☑ Change ☐ Addition
NAME	CANTENS, GASTON	3 NAME	
STREET ADDRESS	3191 CORAL WAY, SUITE 800	3 STREET ADDRESS	*10691 North Kendall Drive, suite 310*
CITY-ST-ZIP	MIAMI FL 33145	3 CITY-ST-ZIP	*Miami, FL 33176*
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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 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: *[signature] V.P. Jorge A Alvarez* *5-1-95* *305 238-7600*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0200324 CP