FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000067244 (1)**

1. Corporation Name:

PRO-MAXI INTERNATIONAL DISTRIBUTORS INC.

Principal Place of Business	Mailing Address
141 NE 3RD AVENUE STE. 207 MIAMI FL 33132	141 NE 3RD AVENUE STE. 207 MIAMI FL 33132

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

3. Date Incorporated or Qualified: **09/13/1994**
3a. Date of Last Report: **07/17/1995**

4. FEI Number: **65-0518483** ☐ 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

CIASCA, CLAUDIO F
141 NE 3RD AVENUE STE. 207
MIAMI FL 33132

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 607.1502, 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: _____ Date: April 09, 1996

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	☐ DELETE	1. TITLE	☐ Change ☐ Addition
NAME	CIASCA, CLAUDIO F		2. NAME	
STREET ADDRESS	C/O 141 NE 3RD AVENUE STE. 207		3. STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33132		4. CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2. TITLE	☐ Change ☐ Addition
NAME	STEIN, GINA E		2. NAME	
STREET ADDRESS	C/O 141 NE 3RD AVENUE STE. 207		2. STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33132		2. CITY-ST-ZIP	
TITLE		☐ DELETE	3. TITLE	☐ Change ☐ Addition
NAME			3. NAME	
STREET ADDRESS			3. STREET ADDRESS	
CITY-ST-ZIP			3. CITY-ST-ZIP	
TITLE		☐ DELETE	4. TITLE	☐ Change ☐ Addition
NAME			4. NAME	
STREET ADDRESS			4. STREET ADDRESS	
CITY-ST-ZIP			4. CITY-ST-ZIP	
TITLE		☐ DELETE	5. TITLE	☐ Change ☐ Addition
NAME			5. NAME	
STREET ADDRESS			5. STREET ADDRESS	
CITY-ST-ZIP			5. CITY-ST-ZIP	
TITLE		☐ DELETE	6. TITLE	☐ Change ☐ Addition
NAME			6. NAME	
STREET ADDRESS			6. STREET ADDRESS	
CITY-ST-ZIP			6. CITY-ST-ZIP	

CR2E034 (12/95)

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: _____ CLAUDIO CIASCA April 09, 1996 305-620-11
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #