FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000067244

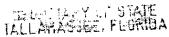
1. Enlity Name

PRO-MAXI INTERNATIONAL DISTRIBUTORS INC.



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2. Principal P			3. Mailing Address				100013177251 02/27/0301082027 ***1200.00		
564 TACAVERA ROAD			564 TACAVERA ROAD				MI 2002 IIE) [
Suite. Apt. #, etc.			Suite, Apt. #, etc.			Z	COL PARITE (HIS PAGE) UE	71	
City & State WESTON			City 8 State WESTON, FL			4. FE	4. FE) Number 65-0518483 Applied For Not Applicable		
Zip Country		Zip Country 33326 US		5. Certificate of Status Desired S8.75 Additional Fee Required					
33326 US 33326		33320 			7. Naп	Name and Address of Current Registered Agent			
					Name MILLENNIA CONSULTING SERVICES INC				
DO NOT WR			Rije		Street Address (F	2.O. Bo	ж Number is Not Acceptable)	l	
	- 11	y this sp	ACE		2630 N.E. 203RD STREET SUITE 106				
romangografikas Mishali Lindsaga	ure gregat de sy 1882 d'avec de Sa			erigaega Bagagaga	City AVENTU	JRA	FL Zio Code 33180		
8. The above	named ensity	submits this statement to	r the purpose of changing its	registere			ni, or both, in the State of Florida, I am familiar with, and accept		
	ions of regist								
SIGNATURE		ILLICU/)					2/10/03		
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	After May 1	Fee is \$550,00					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		
Make Check		Florida Department of	State				, Addition of the state of the		
10.		OFFICERS AND						(i)	
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12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or on an attachment with an address, with all other fixe empowered.

DIGINAL URE.				
	SIGNATURE AND	TYPETI OR PRINTED	NAME OF SIGNING DEFICER	OF DIRECTO

2/10/03

Date

Caylane Phone in

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TO: DIVISION OF CORPORATION P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR 2001 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

CLAUDIO F. CIASCA

PRESIDENT