

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000010538 (3)

1. Corporation Name

MAXIN SERVICES CORPORATION



Principal Place of Business

Mailing Address

2700 FOREST HILLS BLVD., UNITE 104
CORAL SPRINGS FL 33065

P.O. BOX 8088
CORAL SPRINGS FL 33075

3. Date Incorporated or Qualified

3a. Date of Last Report

02/08/1995

2. Principal Place of Business

2a. Mailing Address

21 9150 W ATLANTIC BLVD

26 P.O. Box 8088

4. FEI Number

Applied For

65-0553530

☒ 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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1721

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23 CORAL SPRINGS FL.

28 CORAL SPRINGS FL.

Zip

Country

Zip

Country

24 33071

25 USA

29 33075

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

Signature typed or printed name of registered agent and the applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME MOYA, MARCOS A
STREET ADDRESS 2700 FOREST HILLS BLVD., UNITE 104
CITY-ST-ZIP CORAL SPRINGS FL 33065

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61 TITLE
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☐ Change ☐ Addition

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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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCOS ANTONIO MOYA

06/11/96

(954)
3468134

CR2E034 (3/96)