

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 # PK5 000026128

1. Corporation Name
MAX AMERICAN RESOURCES, INC.

Principal Place of Business

4620 SOUTHWEST 133RD AVE
FORT LAUDERDALE, FL 33300

Mailing Address

4620 SOUTHWEST 133RD AVE-
FORT LAUDERDALE, FL 33300

3. Date Incorporated or Qualified

4-3-95

3a. Date of Last Report

2. Principal Place of Business

21 3701 NO. COUNTRY CLUB DR.

2a. Mailing Address

25 3701 NO. COUNTRY CLUB DR.

4. FEI Number

65-0571392

Applied For

Not Applicable

Suite, Apt. #, etc.

APT #404

Suite, Apt. #, etc.

APT #404

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 AVENTURA, FL

City & State

28 AVENTURA, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

33180

Country

25 USA

Zip

33180

Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LAWRENCE J. SPIEGEL, CHARTERED
343 ALMERIA AVE.
CORAL GABLES, FLORIDA 33134

10. Name and Address of New Registered Agent

81 Name

JOHN S. BLUM

82 Street Address (P.O. Box Number is Not Acceptable)

3701 NO. COUNTRY CLUB DRIVE

83

APT #404

84

CITY AVENTURA

FL

85

Zip Code 33180

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 title if applicable

JOHN S. BLUM

(NOTE: Registered Agent signature required when reinstating)

4/01/96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME JOHN S. BLUM

STREET ADDRESS 4620 SOUTHWEST 133RD AVENUE

CITY-ST-ZIP FORT LAUDERDALE, FLORIDA 33330

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME JOHN S. BLUM

1.3 STREET ADDRESS 3701 NO. COUNTRY CLUB DRIVE, APT #404

1.4 CITY-ST-ZIP AVENTURA, FLORIDA 33180

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-96

305-935-5261

CRP034 (12/95)

4/25/96