

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 # P95000031309 (4)

1. Corporation Name

VAN-MAX INTERNATIONAL CORP.



Principal Place of Business

3300 BATTERSEA ROAD  
MIAMI FL 33133

Mailing Address

3300 BATTERSEA ROAD  
MIAMI FL 33133

3. Date Incorporated or Qualified

04/20/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1111 S. ALHAMBRA CIR.

26 1111 S. ALHAMBRA CIR

4. FEI Number

65-0575751  
65-05705751

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

22 City & State

23 CORAL GABLES, FL

27 City & State

28 CORAL GABLES, FL

24 Zip 33146

Country

29 Zip 33146

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WAYNE, GEOFFREY M  
1001 SOUTH BAYSHORE DRIVE  
SUITE 2702  
MIAMI FL 33131-4900

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 title if applicable

(NOTE: Registered Agent's signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	WALLEGHEM, PAUL A	<input type="checkbox"/> DELETE
NAME		3300 BATTERSEA ROAD 1111 S. ALHAMBRA CIR	
STREET ADDRESS		MIAMI FL 33133 G. GABLES, FL 33146	
CITY - ST - ZIP			
TITLE	D	WALLEGHEM, MADELEINE	<input type="checkbox"/> DELETE
NAME		3300 BATTERSEA ROAD 1111 S. ALHAMBRA CIR	
STREET ADDRESS		MIAMI FL 33133 C. GABLES, FL 33146	
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	WALLEGHEM, PAUL A.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		1111 SOUTH ALHAMBRA CIR.	
1.3 STREET ADDRESS		CORAL GABLES, FL 33146	
1.4 CITY - ST - ZIP			
2.1 TITLE	D	WALLEGHEM, MADELEINE G.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		1111 SOUTH ALHAMBRA CIR.	
2.3 STREET ADDRESS		CORAL GABLES, FL 33146	
2.4 CITY - ST - ZIP			
3.1 TITLE	D	WALLEGHEM, DEREK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		3600 BATTERSEA RD.	
3.3 STREET ADDRESS		COCONUT GROVE, FL 33133	
3.4 CITY - ST - ZIP			
4.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> 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: *Madeleine G. Van Walleghem* MADELEINE G. VAN WALLEGHEM 4/25/96 (305) 663-6736  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)