

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 # P95000031727 (7)

1. Corporation Name
MAXICORP TRADING CO.



Principal Place of Business: 4 CARLSON LANE, PALM COAST FL 32137
Mailing Address: 4 CARLSON LANE, PALM COAST FL 32137

2. Principal Place of Business: 21 COLORADO DRIVE, PALM COAST, FL 32137
2a. Mailing Address: P.O. BOX 354146, PALM COAST, FL 32135
23. City & State: PALM COAST, FL
25. Country: USA
29. City & State: PALM COAST, FL
30. Country: USA

3. Date Incorporated or Qualified: 04/24/1995
3a. Date of Last Report: [Blank]
4. FEI Number: 59-3316182
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
TEN, IRINA
4 CARLSON LANE
PALM COAST FL 32137

10. Name and Address of New Registered Agent
81 Name: BAIDEK, Lidia
82 Street Address (P.O. Box Numbers Not Acceptable): 33 CIMMARON DRIVE
84 City: Palm Coast, FL 85 Zip Code: 32137

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, as provided 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] L. Baidek

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	BAUER, VLADIMIR	
STREET ADDRESS	21 COLORADO DR.	
CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	OUDEARTSEV, ANATOLI	
STREET ADDRESS	33 CIMMARON DR.	
CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Baidek, Lidia	
STREET ADDRESS	33 Cimmaron Dr.	
CITY-ST-ZIP	Palm Coast, FL 32137	
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
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, unchanged, or on an attachment with an address.

SIGNATURE: [Signature] L. Baidek
DATE: _____ DAYTIME PHONE #: _____

CR2E034 (12/95)