

**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 # P95000067522 (9)**

1. Corporation Name  
**MAXIMA SALES, CORP.**



Principal Place of Business: **3450 NORTHLAKE BOULEVARD SUITE 211 PALM BEACH GARDENS FL 33403**  
Mailing Address: **3450 NORTHLAKE BOULEVARD SUITE 211 PALM BEACH GARDENS FL 33403**

3. Date Incorporated or Qualified: **08/30/1995**  
3a. Date of Last Report: **-**  
4. FEI Number:  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

2. Principal Place of Business  
21 **1224 WINGFIELD ST**  
Suite, Apt #, etc.  
22 **SUITE 12-13**  
City & State  
23 **LAKE WORTH FL**  
Zip: **33460** Country: **USA**  
24 **33460** 25 **USA**  
2a. Mailing Address  
26 **1224 WINGFIELD ST**  
Suite, Apt #, etc.  
27 **SUITE 12-13**  
City & State  
28 **LAKE WORTH FL**  
Zip: **33460** Country: **USA**  
29 **33460** 30 **USA**

**9. Name and Address of Current Registered Agent**

~~JUUSOLA, AINO-MAIJA  
3450 NORTHLAKE BOULEVARD  
SUITE 211  
PALM BEACH GARDENS FL 33403~~

**10. Name and Address of New Registered Agent**

81 Name: **AL AINE**  
82 Street Address (P.O. Box Number is Not Acceptable): **2400 12812 MEADOWBREEZE DR.**  
83 **WELLINGTON FL 33414**  
84 City: **WELLINGTON** FL 85 Zip Code: **33414**

11. Pursuant to the provisions of Sections 607.0302 and 607.4508, 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 607.0305, Florida Statutes.

SIGNATURE: *[Signature]* 6-6-1996  
Signature, typed or printed name of registered agent (if not the filer, please) (If filer, Registered Agent signature required when registering) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<del>JUUSOLA, AINO-MAIJA</del>	
STREET ADDRESS	<del>12812 MEADOWBREEZE DRIVE</del>	
CITY-ST-ZIP	<del>WEST PALM BEACH FL 33414</del>	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>AL AINE</b>	
1.3 STREET ADDRESS	<b>12812 MEADOWBREEZE DR.</b>	
1.4 CITY-ST-ZIP	<b>WELLINGTON FL 33414</b>	
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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE 6, 1996 561-795-0398  
Date Daytime Phone #

CR2E034 (12/95)