

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

10

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED

97 SEP 15 AM 9:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # P95000067522 (9)**  
 1. Corporation Name  
**MAXIMA SALES, CORP.**

Principal Place of Business <b>1224 WINGFIELD ST. SUITE 12-13 LAKE WORTH FL 33403 US</b>	Mailing Address <b>1224 WINGFIELD ST. SUITE 12-13 LAKE WORTH FL 33403 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>4360 NORTHLAKE BLVD</b> Suite, Apt. #, etc. 22 <b># 209</b> City & State 23 <b>PALM BEACH GARDENS FL</b> Zip 24 <b>33410</b>	2a. Mailing Address 26 <b>4360 NORTHLAKE BLVD</b> Suite, Apt. #, etc. 27 <b># 209</b> City & State 28 <b>PALM BEACH GARDENS FL</b> Zip 29 <b>33410</b>	3. Date Incorporated or Qualified <b>08/30/1995</b>	3a. Date of Last Report <b>06/12/1996</b>	4. FEI Number <b>65-0675533</b> Applied For <b>APPLIED FOR</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees			
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent  
**AINE, AL  
 12812 MEADOWBREEZE DR.  
 SUITE 211  
 WELLINGTON FL 33403**

10. Name and Address of New Registered Agent  
 81 Name  
**AINE AL**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**12812 MEADOWBREEZE DR**  
 83  
 84 City  
**WELLINGTON** FL 85 Zip Code  
**33414**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>AINE, AL</b>	
STREET ADDRESS <b>12812 MEADOWBREEZE DR.</b>	
CITY-ST-ZIP <b>WELLINGTON FL 33414</b>	
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	<input type="checkbox"/> Change <input 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	

**800002297018--2**  
**-09/18/97--01074--015**  
**\*\*\*\*165.00 \*\*\*\*165.00**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, changed, or on an attachment with an address.

CR2E034 (4/97)

(J)

## MAXIMA SALES CORP.

Date: September 7, 1997

To: Florida Department of State  
Sandra B. Mortham  
Secretary of State  
Division of Corporations

From: Maxima Sales Corporation  
4360 Northlake Blvd. Suite 209  
Palm Beach Gardens, FL 33410

Ref: Annual Report

To Ms. Mortham,

We have received the 2 ND Notice Annual Report Packet two (4) days ago to our former address in Lake Worth. We have not received the the 1 ST Packet at all. I own a company with my wife, Molok USA, Inc., which we filed on time right after it arrived in April.

I was in contact with Your people in Your office right after receiving this 2nd notice last week and they advised me to send just the original amount of the renewal fee, \$ 165.00 to get this up to date.

Our company is going to have its best year this year, and we have not had any financial problems that we would not have been able to pay this fee on time, but because of the postal error or some other problem, which we were not aware, caused this, so we kindly ask You to accept this as our renewal.

In case we will not see our packet for next year in time we will contact Your office and ask for a new report to be sent.

Sorry about the delay and hassle.

Sincerely,

  
Al Aine

President

Maxima Sales Corp.