

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mathlan
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000084753 (9)

1. Corporation Name
MAX LOU ENTERPRISES #2, INC.



Principal Place of Business: **13507 SOUTHWEST 137TH AVENUE MIAMI FL 33186**
 Mailing Address: **13507 SOUTHWEST 137TH AVENUE MIAMI FL 33186**

2. Principal Place of Business
 21 State, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 Zip Country
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3. Date Incorporated or Qualified: **11/03/1995**
 3a. Date of Last Report
 4. FEI Number: **650617647**
 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**
 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No
 10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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 607.06(2) and 607.14(6), 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 607.06(2), Florida Statutes.

SIGNATURE _____ DATE _____
 ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

12. OFFICERS AND DIRECTORS		13.	
TITLE	PD	11 TITLE	
NAME	FICK, LOUIS N	12 NAME	
STREET ADDRESS	13507 SOUTHWEST 137TH AVENUE	13 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL 33186	14 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD	15 TITLE	
NAME	FICK, ROSA M	16 NAME	
STREET ADDRESS	13507 SOUTHWEST 137TH AVENUE	17 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL 33186	18 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		19 TITLE	
NAME		20 NAME	
STREET ADDRESS		21 STREET ADDRESS	
CITY-STATE-ZIP		22 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		23 TITLE	
NAME		24 NAME	
STREET ADDRESS		25 STREET ADDRESS	
CITY-STATE-ZIP		26 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		27 TITLE	
NAME		28 NAME	
STREET ADDRESS		29 STREET ADDRESS	
CITY-STATE-ZIP		30 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 included 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 or preparer 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 in an addition, in accordance with an addition.

SIGNATURE: *Louis N. Fick*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **LOUIS N. FICK**

03-26-96
 305-251-0696
 020662 CP

CR2E034 (12/95)