


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000019679 (5)					
1. Corporation Name MAX-PLUS USA, INC.					
Principal Place of Business 2500 HOLLYWOOD BLVD., SUITE 215 HOLLYWOOD FL 33020			Mailing Address 2500 HOLLYWOOD BLVD., SUITE 215 HOLLYWOOD FL 33020-8815		
2. Principal Place of Business 21 1222 N.E. 4th Ave Suite, Apt. #, etc.		2a. Mailing Address 26 1222 N.E. 4th Ave Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/04/1996	
22 City & State 23 Fort Lauderdale, FL		27 City & State 28 Fort Lauderdale, FL		3a. Date of Last Report	
24 33304-1925 25 Broward		29 33304-1925 30 Broward		4. FEI Number 65-0695129	
9. Name and Address of Current Registered Agent LABOSSIERE, MARC 2500 HOLLYWOOD BLVD., SUITE 215 HOLLYWOOD FL 33020		10. Name and Address of New Registered Agent			
81 Name Marc Labossiere		82 Street Address (P.O. Box Number is Not Acceptable) 1222 N.E. 4th Ave			
83		84 City Fort Lauderdale FL			
85 Zip Code 33304		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: MARC LABOSSIERE DATE: 03/18/97			
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
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 if changed, or on an attachment with an address.					
SIGNATURE: X					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)

26 March 1997 1-418-659-1466
Date Daytime Phone #
0127459