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Feb 24 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 # **P96000035664 (7)**

1. Corporation Name
**MAXITURISMO INTERNATIONAL, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 3600 NORTH FEDERAL HIGHWAY<br>3RD FLOOR<br>FT. LAUDERDALE FL 33308 | 3600 NORTH FEDERAL HIGHWAY<br>3RD FLOOR<br>FT. LAUDERDALE FL 33308-6225 |

3. Date Incorporated or Qualified: 04/24/1996
3a. Date of Last Report:

2. Principal Place of Business
21 1418 S. Powerline Rd.
Suite, Apt. #, etc. 22
City & State 23 Pompano Beach, Fl.
Zip 24 33069 Country 25 USA

2a. Mailing Address
26 1418 S. Powerline Rd
Suite, Apt. #, etc. 27
City & State 28 Pompano Beach Fl.
Zip 29 33069 Country 30 USA

4. FEI Number 65-0686551 ☐ 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

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

SPELLACY, PATRICK S
3600 NORTH FEDERAL HIGHWAY
3RD FLOOR
FT. LAUDERDALE FL 33308

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

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 607.0502 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, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | PD | ☑ Change ☐ Addition |
| NAME | AUGUSTRUZE, CARLOS | | 1.2 NAME | AUGSTROZE, CARLOS | |
| STREET ADDRESS | 2480 FAWN RIDGE STONR MOUNTAIN | | 1.3 STREET ADDRESS | 2480 FAWN RIDGE STONE MOUNTAIN | |
| CITY-ST-ZIP | ATLANTA GA 30082 | | 1.4 CITY-ST-ZIP | ATLANTA GEORGIA 30082 | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | VD | ☑ Change ☐ Addition |
| NAME | VALBUENA, JUAN E | | 2.2 NAME | RINCON, JUAN E. | |
| STREET ADDRESS | 2200 CYPRESS BEND DR. SO. #404 | | 2.3 STREET ADDRESS | 2200 CYPRESS BEND DR.S. #404 | |
| CITY-ST-ZIP | POMPANO BEACH FL 33069 | | 2.4 CITY-ST-ZIP | POMPANO BEACH FL. 33069 | |
| TITLE | STD | ☐ DELETE | 3.1 TITLE | STD | ☑ Change ☐ Addition |
| NAME | VALBUENA, JOSE D | | 3.2 NAME | RINCON, JOSÉ D | |
| STREET ADDRESS | CALLE 72 CON AVE. #2B APT. 2B | | 3.3 STREET ADDRESS | CAILE 72 CON AVE 2B. APT 2B LOS AIAMOS | |
| CITY-ST-ZIP | MARACAIBO, EDO ZULIA VENZUEL | | 3.4 CITY-ST-ZIP | MARACAIBO EDO ZULIA VENEZUELA | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (9/96)

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 added on an attachment with an address.

**SIGNATURE:** VD JUAN RINCON 1 15 96 954-973-8030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #