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FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000077166 (2)

1. Corporation Name
MAXANDRA INC.

Principal Place of Business

3850 SW 8TH ST
MIAMI FL 33134
US

Mailing Address

12041 S.W. 79TH TERR
MIAMI FL 33183



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/17/1996

4. FEI Number

65-0694263

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 12041 S.W. 79TH TERR.

Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State

23 Miami Florida

24 Zip Country
33183 U.S.A.

2a. Mailing Address

26 12041 S.W. 79TH TERR.

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

28 City & State

28 Miami Florida

29 Zip Country
33183 U.S.A.

9. Name and Address of Current Registered Agent

CASELLON, HECTOR O
12041 S.W. 79TH TERR
MIAMI FL 33183

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME CASTELLON, HECTOR C
STREET ADDRESS 12041 S.W. 79TH TERR
CITY - ST - ZIP MIAMI FL 33183

TITLE CAST ☐ DELETE

NAME ELLON, MAIRA
STREET ADDRESS 12041 SW 79TH TERR
CITY - ST - ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I 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 a partner 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

Director

4-14-98

CR2E034 (10/97)