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Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000095538 (0)

1. Corporation Name

MAX CHNOBLI (USA) INC.

Principal Place of Business

% DOLLY COHAN (WAYNE M. LEVINE)
777 LANTANA ROAD
LANTANA FL 33462

Mailing Address

% DOLLY COHAN (WAYNE M. LEVINE)
777 LANTANA ROAD
LANTANA FL 33462-1632



3. Date Incorporated or Qualified

11/25/1996

3a. Date of Last Report

2. Principal Place of Business

21 4501 N. Tamiami Tr.

Suite, Apt. #, etc.

22 204

City & State

23 Naples, FL

Zip

24 34103

Country

25 USA

2a. Mailing Address

26 4501 N. Tamiami Tr.

Suite, Apt. #, etc.

27 204

City & State

28 Naples, FL

Zip

29 34103

Country

30 USA

4. FEI Number

65-0718397

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

COHAN, DOLLY

% WAYNE M. LEVINE

777 LANTANA ROAD

LANTANA FL 33462

81 Name

Jane E. Lamberson, C.P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

4501 N. Tamiami Trail

83

84

Suite 204

City

Naples

FL

85 Zip Code

34103

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

Jane E. Lamberson Jane E. Lamberson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

JEL 4/22/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE

NAME NIGGELER, FREDY

STREET ADDRESS VIA MIMOSA 16

CITY-ST-ZIP 6987 CASLANO, SWITZERLAND

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

AVP, S, T, D

Jane E. Lamberson

4501 N. Tamiami Trail, Suite 204

Naples, FL 34103

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

Jane E. Lamberson

Jane E. Lamberson 3/3/97

CR2E034 (9/96)