Mailing Address

**PROFIT** CORPORATION -ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P96000095538**1. Corporation Name

MAX CHNOBLI (USA) INC.

Principal Place of Business

## **FILED** Feb 06, 1999 8:00am **Secretary of State**

02-06-1999 90018 002 \*\*\*150.00



2. Principal Pface of Business   2a. Mailing Address   4. FEI Number   Applied For   Applied For   State   28   State   State	4501 N. TAMIAMI TR 204 NAPLES FL 34103 US 4501 N. TAMIAMI TR 204 NAPLES FL 34103 US					3. Date Incorporated or Qualife	DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed		
Suite, Apt. #, etc.    Suite, Apt. #, etc.			1 - 12 m - 12 m			11/25/1996			
Suite, Apt. #, etc.    Suite, Apt. #, etc.   21	<u> </u>								
S. Certificate of Status Desired   Fee Required	<del></del>					65-07 18397			
Zip   Country   Zip   Country   Zip   Country   B. This corporation owes the current year integration   Personal Property Tax.   Yes   Els   Name   State   Personal Property Tax.   Yes   Els   Name   State   Stat						5. Certifcate of Status Desired	ie Decired		
S. Name and Address of Current Registered Agent  S. Name and Address of New Registered Agent  LAMBERSON JANE E 4501 N. TAMIAM TRAIL SUITE 204 NAPLES FL 34103  11. Pursuant to the provisions of Sections 607.0502 and 607 1508. Fiorida Statutes, the above-area of Sections 607.0502 and 607 1508. Fiorida Statutes, the above-area of Sections 607.0502 and 607 1508. Fiorida Statutes, the above-area of Sections 607.0502 and 607 1508. Fiorida Statutes, the above-area of Sections 607.0502 and 607 1508. Fiorida Statutes, the above-area of Sections 607.0502 and 607 1508. Fiorida Statutes, the above-area of Sections 607.0502 and 607 1508. Fiorida Statutes, the above-area of Sections 607.0502 and 607 1508. Fiorida Statutes, the above-area of Sections 607.0502 and 607 1508. Fiorida Statutes, the above-area of Sections 607.0502 and 607 1508. Fiorida Statutes, the above-area of Sections 607.0502 and 607 1508. Fiorida Statutes, the above-area of Sections 607.0502 and 607 1508. Fiorida Statutes, the above-area of Sections 607.0502 and 607 1508. Fiorida Statutes, the above-area of Sections 607.0502 and 607 1508. Fiorida Statutes, the above-area of Sections 607.0502 and 607 1508. Fiorida Statutes, the above-area of Sections 607.0502 and 607 1508. Fiorida Statutes, the above-area of Sections 607.0502 and 607 1508. Fiorida Statutes, the above-area of Sections 607.0502 and 607 1508. Fiorida Statutes, the above-area of Sections 607.0502 and 607 1508. Fiorida Statutes, the above-area of Sections 607.0502 and 607 1508. Fiorida Statutes, the above-area of Sections 607.0502 and 607 1508. Fiorida Statutes, the above-area of Sections 607.0502 and 607 1508. Fiorida Statutes, the above-area of Sections 607.0502 and 607 1508. Fiorida Statutes, the above-area of Sections 607.0502 and 607 1508. Fiorida Statutes, the above-area of Sections 607.0502 and 607 1508. Fiorida Statutes, the above-area of Sections 607.0502 and 607 1508. Fiorida Statutes, the above-area of Sections 607.0502 and 607 1508. Fiorida Statutes, the above-area of Sections 607.0502	_	· · · · · · · · · · · · · · · · · · ·							
S. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent	<u> </u>				ry				
LAMBERSON JANE E 4501 N TAMIAMI TRAIL SUITE 204 NAPLES FL 341(03    Addition   Addition	1		Registered Agent	<del>' ' ' ' '</del> ' '		10. Name and Address of Nev	v Registered Agent		
SUITE 204 NAPLES FI. 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 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 dispent, and accept the obligations of, Section 607.0505, Florida Statutes.  Signature, with, and accept the obligations of, Section 607.0505, Florida Statutes.  Signature with, and accept the obligations of, Section 607.0505, Florida Statutes.  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  VPST  LAMBERSON, JANE E 12.NAME  LAMBERSON, JANE E 12.NAME  STREET ADDRESS  OTY-51-2P  ACTION 15.12P  DELETE 2.1 TITLE  DELETE 2.1 TITLE  DELETE 3.1 TITLE  ALGEORESS  OTY-51-2P  ALGEORESS  OTY-51-2P  ALGEORESS  OTY-51-2P  ALGEORESS  OTY-51-2P  ALGEORESS  OTY-51-2P  DELETE 5.1 TITLE  ALGEORESS  OTY-51-2P  ALGEORESS  OTY-51-2P  TITLE  ALGEORESS  ALGEORESS  OTY-51-2P  DELETE 5.1 TITLE  ALGEORESS  ALGEORESS  OTY-51-2P  TITLE  ALGEORESS  ALGEORE				8	1 Name	•			
SUITE 204 NAPLES FL 34103  84 City FL 85 Zip Code*  T1. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes. the above-named corporation submits this statement for the purpose of changling its registered gight end agent to both. In the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered land the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment as registered land the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment as registered land the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment as registered land the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment as registered land was authorized by the corporation's board of directors. I hereby accept the appointment as registered land was authorized by the corporation's board of directors. I hereby accept the appointment as registered land was authorized by the corporation's board of directors. I hereby accept the appointment as registered land was authorized by the corporation's board of directors. I hereby accept the appointment as registered land was authorized by the corporation's board of directors. I hereby accept the appointment as registered land was authorized by the corporation's board of directors. I hereby accept the appointment as registered land was authorized by the corporation's board of directors. I hereby accept the appointment as registered land was authorized by the corporation's board of directors. I hereby accept the appointment as registered land was authorized by the corporation's board of directors. I hereby accept the appointment as registered land was authorized by the corporation's board of directors. I hereby accept the appointment as registered land was appointed to the corporation was authorized by the corpo	LAM 1300 450	IBERSON JANE E	:	8	2 Street A	ddress (P.O. Box Number is Not Acce	ptable)		
### Addition #### Addition #### Addition #### Addition #### Addition ####################################	SUITE 204				3				
TILE CHANGES CITY-ST-ZP DELETE 1.3 TIME   DELETE 1.3 TIME	NAP	LES FL 34103 ·		8	4 City	- 1 ( ** ) ( *		Code	
SIGNATURE SIGNATURE Signature, typed or printed name of ingistered agent and tile if applicable, (NOTE: Registered Agent algorature required when mainstaking)   DATE  12.	11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the abo	ve-named co	corporation submits this statement for the	he purpose of changing its	registered	
12	MAF agent. I a	am familiar with, and accept the obligation	ons of Section 607.0505, Flo	orida Statute	es.				
12	SIGNATURE		·•						
TITLE	01010110112			E: Registered Ag	ent signature req				
NAME	12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO	=======================================		
STREET ADDRESS   ASTREET ADD	TITLE	VPST	☐ DELETÉ	1.1 TITLE		85 (97 t <b>3597</b>	☐ Change	☐ Addition }	
CITY_ST_ZIP	NAME	LAMBERSON, JANE E		1.2 NAME	<b> </b>				
TITLE	STREET ADDRESS	TREET ADDRESS 4501 N. TAMIAMI TRAIL, SUTIE 204			ET ADDRESS				
TITLE	CITY-ST-ZIP	NAPLES FL 34103		1.4 CITY	ST-ZIP				
STREET ADDRESS   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP			☐ DELETE	2.1 TITLE			☐ Change	☐ Addition	
STREET ADDRESS   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP	NAME			2.2 NAME	:				
CITY-ST-ZIP		FSS			ET ADDRESS				
TITLE					-ST-ZIP				
NAME		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DELETE				☐ Change	Addition	
34. CITY-ST-ZIP	4 55								
DELETE	STREET ADDRESS	S test		3.3 STRE	ET ADDRESS		元本符号数件建筑法的 666	THE GLAS	
A 2 NAME	CITY-ST-ZIP.	1. d. 1. m.		3.4. CITY	-ST-ZIP		13 . 32349 3147 - (41.82)		
A3 STREET ADDRESS   A4 CITY-ST-ZIP	TITLE	Primary St. Contract	☐ DELETE	4.1 TITLE	.	传表 医乳毒素 南流 化基层	□○ 報告 経済登録 Change)	Addition	
Addition	NAME		the second of the second	4, 2 NAM	E				
DELETE   DELETE   5.1 TITLE   Change   Addition	STREET ADDRESS	,	Z :	4.3 STRE	ET ADDRESS				
TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME         5.2 NAME         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP         1.96         CHANGE         Addition           TITLE         ADDRESS         6.1 TITLE         Change         Addition           NAME         ADDRESS         ADDRESS         CHANGE         Addition           STREET ADDRESS         ADDRESS         CHANGE         CHANGE         Addition	* * *			4,4 CITY-	ST-ZIP				
STREET ADDRESS	TITLE		☐ DELETE	5.1 TITLE	:		☐ Change	☐ Addition	
54 CITY-ST-ZIP	NAME			5.2 NAME	=			-	
CITY-ST-ZIP	STREET ADDRESS			£ 0.07DF				1	
TITLE GASINATE SETS OF THE GASINATE SETS OF THE GASINATE				5.3 5 I RE	ET ADDRESS			•	
NAME MICH. STREET ADDRESS ARTICLE STREET ADDRESS ARTICLE STREET ADDRESS ARTICLE STREET ADDRESS		V# 483			i i	\$ 17.4 <sup>m</sup> \$		1	
STREET ADDRESS  6.3 STREET ADDRESS		CHARLES STORY WITH I		5.4 CITY-	ST-ZIP	( ) 1096	☐ Change	Addition	
	NAME 19	46074. 2020. 2020. 1. 1. 1. 1. 19		5.4 CITY- 6.1 TITLE	ST-ZIP	( 5 5 79)	☐ Change	☐ Addition	
		CAMPAGE STANDARD STAN		5.4 CITY- 6.1 TITLE 6.2 NAME	ST-ZIP	( t. 179).	☐ Change	Addition	

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 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, with all other like empowered.

116199

(a41) W2-0170