

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90120 026 ***150.00

DOCUMENT # P97000005879 (6)⁰⁴

1. Corporation Name

INFORMAXIMA CORP.

Principal Place of Business

8410 W. FLAGLER ST. # 111-B
MIAMI, FL 33144

Mailing Address

3901 SW 78TH CT # 31
MIAMI, FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/1997

4. FEI Number

65-0721624

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 the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 8410 W. FLAGLER STREET

27 Suite, Apt. #, etc.

27 111-B

28 City & State

28 MIAMI, FLORIDA

29 Zip Country

29 33144 30 USA

9. Name and Address of Current Registered Agent

SOUSA, SHELLEY J.
3901 SW 78TH CT. # 31
MIAMI, FL 33135

10. Name and Address of New Registered Agent

81 Name

PATRICIA KRAUSE

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

8410 W. FLAGLER STREET # 111-B

83

84 City

MIAMI

FL

85 Zip Code

33144

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]* PATRICIA KRAUSE, DIRECTOR 03/18/99

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 ~~XX~~ DELETE
NAME SOUSA, SHELLEY J.
STREET ADDRESS 8660 NW 5 TER. # 109
CITY-ST-ZIP MIAMI, FL 33126

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

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 D/P/T
2.3 STREET ADDRESS DECAT, ALBERTO
2.4 CITY-ST-ZIP 8897 FONTAINEBLEAU BLVD # 302
MIAMI, FL 33172

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME D/VP/S
3.3 STREET ADDRESS KRAUSE, PATRICIA
3.4 CITY-ST-ZIP 8897 FONTAINEBLEAU BLVD # 302
MIAMI, FL 33172

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 the receiver or trustee empowered to execute this report as required by Chapter 507, 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.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA KRAUSE, DIRECTOR

03/18/99 (305)221-9200

Date

Telephone #

CR2E034 (1/98)