

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

APPROVED
AND
FILED

98 JUN -5 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 997000016082
1. Corporation Name:

M.A.X.-MENTERTAINMENT, CORP.

Principal Place of Business: 11800 S.W. 185 St.
Miami, FL 33177-3265
Mailing Address: 11800 S.W. 185 St.
Miami, FL 33177-3265

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:	2a. Mailing Address:	3. Date Incorporated or Qualified
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	February 19, 1997
22. City & State	27. City & State	4. FEI Number
23. Zip	28. Zip	65-0734733
24. Country	29. Country	Applied For
	30. Country	Not Applicable

9. Name and Address of Current Registered Agent

Michael Gallon
11800 S.W. 185th St.
Miami, FL 33177-3265

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: Michael Gallon
Signature of the person authorized to sign this statement (required when registering)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: Director NAME: Wadner Gallon STREET ADDRESS: 11800 S.W. 185th St. CITY-ST-ZIP: Miami, FL 33177-3265	1.1 TITLE: Director/CEO 1.2 NAME: Michael Gallon 1.3 STREET ADDRESS: 11800 S.W. 185th St. 1.4 CITY-ST-ZIP: Miami, FL 33177-3265
TITLE: <input type="checkbox"/> DELETE NAME: <input type="checkbox"/> DELETE STREET ADDRESS: <input type="checkbox"/> DELETE CITY-ST-ZIP: <input type="checkbox"/> DELETE	2.00002557553-8 -06/11/98--01123--004 ****150.00 ****150.00
TITLE: <input type="checkbox"/> DELETE NAME: <input type="checkbox"/> DELETE STREET ADDRESS: <input type="checkbox"/> DELETE CITY-ST-ZIP: <input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE NAME: <input type="checkbox"/> DELETE STREET ADDRESS: <input type="checkbox"/> DELETE CITY-ST-ZIP: <input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE NAME: <input type="checkbox"/> DELETE STREET ADDRESS: <input type="checkbox"/> DELETE CITY-ST-ZIP: <input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE NAME: <input type="checkbox"/> DELETE STREET ADDRESS: <input type="checkbox"/> DELETE CITY-ST-ZIP: <input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplementary statement 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 registered agent; and that my name appears in Block 12 or Block 13 of this statement.

SIGNATURE: Michael Gallon
Michael Gallon 6/3/98 (305)246-3888

CR2E034 (10/97)

M.A.X.-MENTERTAINMENT, CORP.

To Whom It May Concern:

I am writing this letter in reference to an annual report form that I have just received recently. As I was in a meeting with an accountant; organizing paperwork and receipts. She mentioned to me about different forms that my corporation should encounter. One of the forms she mentioned about was my annual corporate report. I didn't know about the form because I did not receive the form. She told me that the information was already past due and I would have to pay a five hundred fifty dollar (\$550) fee rather than the one hundred fifty dollar (\$150) fee; due to late filing. I told the accountant that I was not aware of this and I do not have the funds of \$550. I am just beginning my corporation. She told me to call the Department of State and explain to them my situation. I was transferred by the automated service and spoke to a representative. She told me that she would send me a blank annual report form to send out as soon as possible and mail it back in. I was also told to write this letter you see before you to explain my situation.

Please spare me, this is only the beginning of my corporation.

Sincerely,



Michael Gallon
M.A.X.-MENTERTAINMENT, CORP.
11800 S.W. 185th St.
Miami, Florida 33177-3265
(305)246-3828