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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT** #

P97000029484 (7)

MAXMA, INC.

**FILED** Jan 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						41)	##### @10#  B@
3901 NORTH WEST 79TH AVE.   3901 NORTH WEST   SUITE 124   SUITE 124   MIAMI FL 33166   MIAMI FL 33166			T 79TH AVE.	DO NOT WHITE IN THIS SPACE			
					3. Date Incorporated or Qualif	ed	
9 Principal P	Place of Business	20 Mariling Address		<del></del>	04/01/1997 4. FEI Number		
21 21	race of Business	28. Mailing Address	5		65-0746°	182	Applied For
Suite, Apt.	#. etc.	Suite, Apt. #, et	G.		45-0140	- \$8.75	Not Applicable Additional
22	, •	27			5. Certificate of Status Desired		Required
City & State		City & State			6. Election Campaign Financir	9 \$5.00	D May Be
23		28			Trust Fund Contribution		to Fees
Zip	_ <b>Zip</b> Country Zip		Country		8. This corporation owes or has paid the current year Intangible		
24	25   29   30   30   3   3   3   3   3   3   3		30	Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent			
	<del></del>	nt Hegistered Agent	8	I Name	_		
AMARAL, SEBASTIAO A				AMARAL, SEBASTIAO A.			
3900 NORTH WEST 79TH AVE #560 MIAMI FL 33166			8:	2 Street	Address (P.O. Box Number is Not Acce	ptable) 79# Auen	use.
} <del>•••••</del>	ANII 1 L 33 100		8:	3			
					Suite No. 124		
			84	City	Miami	FL  85   3	ပည်းင်
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida	Statutes, the abo	ve-named	corporation submits this statement for	he purpose of changing	its registered
	im familiar with, and accept the onlig	gations of, Section 607.05	05, Florida Statute	es	poration's board of directors. I hereby a	,copt the appointment as	s registered
HONTURE	1 (20)					01/06/98	!
12,	OFFICERS AN	VD DIRECTORS	(NOTE: Registered A)	gent signature	e required when reinstating)  ADDITIONS/CHANGES TO C	FEICERS AND DIRECTO	RS IN 12
TITLE	D	DELET			PYSTD	Change	
NAME	AMARAL, SEBASTIAO A	·	1.2 NAME		AMARAL , SEBASTIA	h 4.	
STREET ADDRESS	3900 NORTH WEST 79TH A	VE #560	1.3 STREE	T ADDRESS	13401 NIDETH WEST	79+4 AUGUSIE	JJ 124
CITY-ST-ZIP	MIAMI FL 33166		1.4 CiTY-	ST-ZIP	MIAMI, FL. 331	46	
TITLE		DELET	IE 21 HTLE			☐ Change	Addit on
NAME			2.2 NAME				
STREET ADDRESS			2 3 STRFI	T ADDRESS	1		
CITY-ST-ZIP			2 4 CHY				
TITLE		☐ DELET			)	L. Change	Addition
NAME			3.2 NAME				
STREET ADDRESS CITY-ST-ZIP			3.3 STREE	T ADDRESS			
TITLE		DELET		31.21		Change	Addition
NAME			4, 2 NAM	÷		•	_
STREET ADDRESS			4.3 STREE	T ADDRESS			İ
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		DELFT	E 5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			ļ
CITY-ST-ZIP			5.4 CITY	S1 - 7/P			
TITLE		☐ DECET				Change	Addition
NAME			6.2 NAME				1
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	partifu that the information supplied u	with this bling does not on	6.4 CHY-		nd in Section 119 07/3/(i) Florida Statut	on I further contifu that the	o information

Indicated on this annual report or supplied with this tilling does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes, 1 further centry 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 of 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.