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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000079346

1. Corporation Name

ANMAX CORPORATION

Principal Place	e of Business	Mailing Address					19618 19188 1111	anana am mai
1095 SW 135 C	COURT	1095 SW 135 COURT				,		•
MIAMI FL 33184 MIAMI FL 33184							-	
						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed	•	
						09/12/1997		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	A	pplied For
21		26				65-0781348	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status:Desired		Additional
22		27				5. Certificate of otalias besided	Fee R	equired
City & State	ie	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Ir	tangible	
24	25	29	30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered	Agent	
				81	Name			
	ANO, ANTONIO			82	Ot a delen	as (D.O. Day Number is Not Assentable)		
1095	SW 135 COURT			82	Street Addres	ess (P.O. Box Number is Not Acceptable)		
MIAN	MI FL 33184		}	83		The state of the s	13. 1551	13.3626.02
							1100 指数的	制度性減
				84	City	· · · · · · · · · · · · · · · · ·	*	Code ""'
				-	City	GI	1 1	
	607.05	FOO and FOOT 1500 Florida Stat				FI	f changing its	s registered
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Stat e of Florida. Such change was				nation as built this statement for the assesses	f changing its	s registered egistered
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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 en an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

□ DELETE

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Change

Addition