

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

DOCUMENT # P97000088808

1. Corporation Name

MAXCLAR INVESTMENTS, INC.

Principal Place of Business

1065 NORTHEAST 125 STREET  
SUITE 319  
NORTH MIAMI FL 33161

Mailing Address

1065 NORTHEAST 125 STREET  
SUITE 319  
NORTH MIAMI FL 33161

FILED  
Apr 08, 1999 8:00 am  
Secretary of State

04-08-1999 90051 040 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1997

4. FEI Number

65-0797136

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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 1125 N.E. 125 STREET

Suite, Apt. #, etc.

22 SUITE 400

City & State

23 NORTH MIAMI, FL

Zip

24 33161

Country

2a. Mailing Address

26 1125 N.E. 125 STREET

Suite, Apt. #, etc.

27 400

City & State

28 North Miami, FL

Zip

29 33161

Country

30

9. Name and Address of Current Registered Agent

PEAN, MAXITO K  
1065 NE 125TH ST  
STE 319  
N MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name

PEAN, MAXITO K

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

1125 N.E. 125th Street

83

Suite 400

84

City  
North Miami

FL

85 Zip Code

33161

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-06-99

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME PEAN, MAXITO K  
STREET ADDRESS 1065 NORTHEAST 125 ST, STE 319  
CITY-ST-ZIP NORTH MIAMI FL 33161

TITLE SD ☐ DELETE

NAME JEAN-BAPTISTE, JUDITH  
STREET ADDRESS 7430 CARLYLE AVENUE, SUITE 2  
CITY-ST-ZIP MIAMI BEACH FL 33141

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 PTD ☒ Change ☐ Addition

1.2 NAME PEAN, MAXITO K  
1.3 STREET ADDRESS 1125 N.E. 125th St, Ste 400  
1.4 CITY-ST-ZIP North Miami, FL 33161

2.1 TITLE SD ☒ Change ☐ Addition

2.2 NAME JEAN-BAPTISTE, JUDITH  
2.3 STREET ADDRESS 1125 N.E. 125th St, Ste 400  
2.4 CITY-ST-ZIP North Miami, FL 33161

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-06-99 (705) 892-226

CR2E034 (1/1/98)