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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000103002 (6)

Principal Place of Business	Mailing Address			
SMAX LANGEN	%MAX LANGEN			
112 SOUTH HIBISCUS DRIVE	112 SOUTH HIBISCUS DRIVE			
MIAMI FL 33139-5130	MIAMI FL 33139-5130			

FILED Mar 13 1998 8:00am Secretary of State

BOOLE	AN DIVERSIFICATION COR	PORATION			
Principal Place	e of Business	Mading Address		i inderinde tife (Alit LAnti durit Gaite Natel fibit f	itiat erein dami atnia titr etter
MMAX LANGE 112 SOUTH F MIAMI FL 331	HBISCUS DRIVE	%MAX LANGEN 112 SOUTH HIBISCUS DR MIAMI FL 33139-5130	IVE	DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified 12/05/1997	
2. Principal P	lace of Business	2a, Mailing Address		4. FEI Number	Applied For
21		26		65-0767174	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	- Zφ	Country	8. This corporation owes or has paid the o	
24	25 9. Name and Address of Curren		30	Personal Property Tax due June 30. 10. Name and Address of New Registers	Yes No
<u> </u>		t Nadistelan Wösur	81 Name	10. Name and Address of New Registers	u Agent
	NGEN, MAX				
1	2 \$ HIBISCUS DRIVE		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
MI	AMI FL 33139-5130		83		
			84 City		85 Zip Code
44 Durayant	to the provisions of Sections 607 000	2 and CO7 1509 Florida Statutor	the above nemed earn	Forestion submits this statement for the purpose	
office or f	egistered agent, or both, in the	of Horida, Such change was at	thorized by the corporat	oration submits this statement for the purpose ion's board of directors. I hereby accept the a	prointment as registered
agentila	m familiar with, and accept the foliga	itions of, Section 607.0505, Flor	ida Statutes.	2/9	la t
SIGNATURE	Signature, typed or proted name of registered age	of a citie if applicable (NOTE:	Registered Agent signature require	od when reinstating) DA	
12.	OFFICERS AND		1 13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TALE	D. P. S. T	DELETE	1.1 TITLE		Change Addition
NAME	LANGEN, MAX		1.2 NAME	•	
STREET ADDRESS	112 S HIBISCUS DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33139-5130		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		İ
CITY-ST-ZIP		DELETE	2.4 GITY-ST-ZIP		☐ Change ☐ Addition
TITLE		ן h≀נגונ	3.1 TITLE		Cuentic Manuaga
NAME STORES ADDRESS			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY+ST-ZIP TITLE		DELETE	3.4. CITY-\$T-ZIP 4.1 TITLE		Change Addition
NAME		La vice.	4. 2 NAME		
STREET ADORESS			4.3 STREET ADORESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
017 27 710			0 4 02714 OX 74D		

14. Thereby 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 given 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 this report or trusteep in powered 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 antichiment with a report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: