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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000040758

MAXIE S. BECKMAN INC.

Principal Place of Business 5601 COLLINS AVENUE
ECOL COLLING AVENUE
APARTMENT 724 MIAMI BEACH FL 33140

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90092 012 ***150.00



Principal Place	e of Business	Mailing Address				ialit täiti aatii atait aatti aatti	1 04101 4041 (BBI
5601 COLLINS		5601 COLLINS AVENUE					
APARTMENT 724 MIAMI BEACH FL 33140		APARTMENT 724 MIAMI BEACH FL 33140		DO NOT WRITE IN THIS SPACE			
MIAMI DEAON	76 33140	MICHIE DEPOTE LE SOLTO			3. Date Incorporated or Qualifect	i	
					05/05/1998		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	A A	pplied For
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Suite, Apt.	#, etc.	Suite, Apt. #; etc.			5. Certifcate of Status Desired	¥ - · · · -	Additional equired
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City & State	e	City & State			Election Campaign Financing Trust Fund Contribution	*	May Be to Fees
Zip Country		Zip			8. This corporation owes the cur		
24	25	29	30	1 Time compensation of the contract of the con		Yes	□No
24	9. Name and Address of Current	11	1001		10. Name and Address of New	Registered Agent	
				81 Name			
	BEZA, MANUEL E		ŀ	82 Street A	ddress (P.O. Box Number is Not Accep	table)	
,	MINORCA AVENUE			500017	adiess (F.O. Box Humber to Herricop		
F COR	RAL GABLES FL 33134			83			1
•			}	84 City		85 Zip	Code
• "				'		FL ·	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statu	tes, the ab	ove-named o	orporation submits this statement for the ration's board of directors. I hereby acce	e purpose of changing its ept the appointment as re	s registered agistered
agent. I a	m familiar with, and accept the obligation	ions of, Section 607.0505, Flo	orida Statu	tes.			·
SIGNATURE							
	Signature, typed or printed name of registered agent			Agent signature rec	quired when reinstating) ADDITIONS/CHANGES TO O	DATE FFICERS AND DIRECTO	ORS IN 12
12.	OFFICERS AN	D DIRECTORS	13.	· · · · · · · · · · · · · · · · · · ·	additional reinstating) ADDITIONS/CHANGES TO O		ORS IN 12
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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: