

**FILE-NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # S35071**

1. Corporation Name  
**MAXIMA FARMS, Inc.**

Principal Place of Business: **2761 NW 82 Ave. Miami, FL 33122**  
Mailing Address: **2761 NW 82 Ave. Miami, FL 33122**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		2/28/91	2/9/94
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For / Not Applicable
22		27		65-0264432	
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24	25	29	30	Trust Fund Contribution <input type="checkbox"/>	
				9. This corporation has liability for intangible tax under C. 193.002, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KTAS REGISTERED AGENT CORP. 3235 AVIATION AVE., PH MIAMI, FL 33133				81 Name	KTAS REGISTERED AGENT CORP.		
				82 Street Address (P.O. Box Number is Not Acceptable)	1401 BRICKELL AVENUE		
				83	Suite 700		
				84 City	mi	85 Zip Code	33131

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: *March H. Averbach* / March H. Averbach, Pres of KTAS Reg. Agent Corp. 4/17/95

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DR/ST JOSE R. AZOLT 2761 NW 82 AVE MIAMI, FL 33122			11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	D/VP JACK S. AZOLT 1411 NW 89 CT. MIAMI, FL			12 NAME			
STREET ADDRESS	JACK BIBLIOWICZ 1411 NW 89 CT. MIAMI, FL			13 STREET ADDRESS			
CITY-ST-ZIP				14 CITY-ST-ZIP			
TITLE				21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				22 NAME			
STREET ADDRESS				23 STREET ADDRESS			
CITY-ST-ZIP				24 CITY-ST-ZIP			
TITLE				31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				32 NAME			
STREET ADDRESS				33 STREET ADDRESS	800001492598		
CITY-ST-ZIP				34 CITY-ST-ZIP	-05/17/95--01181--019		
TITLE				41 TITLE	****200.00 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				42 NAME	Chris Karamat		
STREET ADDRESS				43 STREET ADDRESS	2761 NW 82 Ave.		
CITY-ST-ZIP				44 CITY-ST-ZIP	MIAMI, FL 33122		
TITLE				51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE				61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				62 NAME	200A		
STREET ADDRESS				63 STREET ADDRESS	5-1-95		
CITY-ST-ZIP				64 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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, unpowered 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 as an attachment with an address.

SIGNATURE: *Chris Karamat* / Chris Karamat, President  
Date: 4/21/95  
Phone: 305-593-1416