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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



MAX INTERNATIONAL BONDED WAREHOUSES, INC.

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 19, 1999 8:00 am Secretary of State

05-19-1999 90027 011 ***300.00

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Principal Place	of Business	Mailing Address			T INDITIDIO IDI (SILI 1800) BILIT (BUDI GRAL SIBSI I	IIDII ÜYÜİL DIĞİL	UTALS BOUST INDI
1325 NW 78TH SVE. STE. 101 MIAMI FL 33126		1325 NW 78TH AVE. STE. 101 MIAMI FL 33126		DO NOT WRITE IN THIS	SPACE_		
US		US		3. Date Incorporated or Qualifed			
					10/14/1991		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	A	oplied For
21	_	26			59-2291305		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	T	Additional	
22		27		0. Collings of Called Down		equired	
City & State		City & State		6. Election Campaign Financing		May Be	
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip Cou		У	8. This corporation owes the current year in		
24	25		30		Personal Property Tax.	∐Yes	□No
	9. Name and Address of Curren	t Registered Agent	8	4 None	10. Name and Address of New Registered	Agent	
\A/FIT	704AN 3ACK I		0	1 Name			
WEITZMAN, JACK L.			8:	2 Street Addr	ress (P.O. Box Number is Not Acceptable)		
10701 S.W. 104 ST.							
MIAN	AI FL 33176		8:	31			l
			8	4 City		85 Zip	Code
				1 -	FL	<u>- </u>	
office or re	to the provisions of Sections 607.0503 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was aut	horized b	v the corporation	poration submits this statement for the purpose of on's board of directors. I hereby accept the appo	changing its ntment as re	s registered egistered
SIGNATURE							
	Signature, typed or printed name of registered agen			ent signature require		ID DIDECT	ODE IN 42
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	Change	□ Addition
TITLE	D	☐ DELETE	1.1 TITLE				
NAME	GUERRA, BENITO		1.2 NAME				
STREET ADDRESS	8185 NW 201 TERRACE		1.3 STRE	ET ADDRESS			ļ
CITY-ST-ZIP	MIAMI FL		14 CITY-			Change	Addition
TITLE	D	☐ DELETE	2.1 TITLE			Clange	
NAME	ONLYNDON, HOVE		2.2 NAME	į			
STREET ADDRESS	10590 NW 51 STREET 23		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	MIAMI FL		2.4 CITY	-ST-ZIP			
TITLE			3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY	-ST-ZIP		PT 6:	
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4, 2 NAM				
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE	☐ DELETE 5.11TI		5.1 TITLE	1		☐ Change	☐ Addition
NAME			5.2 NAME	1			
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Chaпge	☐ Addition
NAME			6.2 NAME	·			
STREET ADDRESS			6.3 STRE	ET ADDRESS			İ
CITY-ST-ZIP			6.4 CITY-	ST-ZIP			

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:

Daytime Phone #