SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
[illegible] CORPORATIONS
95 JUN 15 AM 11:49

DOCUMENT # **V51203** **(0)**

1. Corporation Name

MAXIMUM INTERNATIONAL TRADE CORPORATION

Principal Place of Business	Mailing Address
710 MERMAID DR. SUITE 208 DEERFIELD BEACH FL 33441 US	710 MERMAID DR. SUITE 208 DEERFIELD BEACH FL 33441 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/16/1992
3a. Date of Last Report: 10/04/1994

2. Principal Place of Business
21 7805 NW 72 AVE.
Suite, Apt. #, etc. 22
City & State 23 MEDLEY, FLORIDA
Zip 24 33166 Country 25 USA

2a. Mailing Address
26 7805 NW 72 AVE.
Suite, Apt. #, etc. 27
City & State 28 MEDLEY, FLORIDA
Zip 29 33166 Country 30 USA.

4. FEI Number: 65-0345593 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. *This corporation has liability for intangible tax under s. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TABOLACCI, GIOVANNI JR
710 MERMAID DRIVE, 208
SUITE 211
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

81 Name: TABOLACCI, GIOVANNI JR.
82 Street Address (P.O. Box Number is Not Acceptable): 1413 SEAGRAPE CIRCLE
83
84 City: FORT LAUDERDALE, FL 85 Zip Code: 33326

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] DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	TABOLACCI, GIOVANNI, JR.	12 NAME	TABOLACCI, GIOVANNI JR.
STREET ADDRESS	710 MERMAID DR. # 208	13 STREET ADDRESS	1413 SEAGRAPE CIRCLE
CITY ST ZIP	DEERFIELD BEACH FL	14 CITY ST ZIP	FORT LAUDERDALE, FL 33326.
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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)(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.

SIGNATURE: [signature] -GIOVANNI TABOLACCI JR. 06.09.95 (305)8857872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008818 CP