| PROFIT<br>CORPORATION<br>ANNUAL REPOR<br><b>1997</b>  |   |   | MAY 1 IS \$550.00<br>FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |  | May 08 1997 8:00an<br>Secretary of State   |   |   |
|---|---|---|---|--|--|---|---|
| OCUMENT #<br>Corporation Name<br>MAVERICK LIMITED   |   | 026283  | (9)   |  |  |   |   |
| incipal Place of Business<br>07 NE 7TH AVE<br>LAUDERDALE FL 33304<br>3  |   | Mailing Addres<br>1107 NE 7TH A<br>FT LAUDERDAL<br>US | VE  | 26   |  | L O BUTO TAONO OTTEO ATEOX TAON   | <b>           </b>  |
|   |   |   |   |  | 3. Date incorporated or Qualified 04/04/1994                                       | 3a. Date of Last Re<br>08/05/1996   | aport   |
| Principal Place of Business   | 3   | 2a. Mailing Add                                       | dress   | · · ·  | 4. FEI Number<br>65-0482779  |   | plied For<br>t Applicable                                     |
| Suite, Apt #, etc   | ·····   | Suite, Apt.   | #, etc.   |  | 5. Certificate of Status Desired   | S8.75 A   | dditional   |
| City & State  |   | City & State  | )   |  | 6. Election Campaign Financing   | \$5.00  | May Be  |
| Zip 25  | Country   | 28<br>Zip<br>29                                       | 30  | Country  | Trust Fund Contribution   B. This corporation has liability for i Florida Statutes |   |   |
| 9. Name and   | d Address of Current  |   |   | 61 Name  | 10. Name and Address of New Re   | gistered Agent  |   |
| SANTINI, WAYNE<br>2021 NORTH WES  |   |   |   |  | ress (P.O. Box Number is Not Acceptab  | ole)  |   |
|   |   |   |   |  |  |   |   |
| SUNRISE FL 3332   | 2   |   |   | 83   |  |   |   |
|   |   | 2 and 607 1508, Flo                                   | rida Statutes, t  | 84 City  | poration submits this statement for the p  | FL es Zip C   |   |
|   | s of Sections 607.0502<br>, or both, in the State of<br>and accept the obliga   | WAYNE<br>N and the if applicable                      | SANTI   | <b>B4</b> City<br>the above-named corpora<br>a Statutes.   |  | FL<br>burpose of changing lit<br>of the appointment as<br>4-30-97<br>DATE   | s registered<br>registered                                    |
| Pursuant to the provision<br>office or registered agent<br>agent. I am familian with,<br>SNATURE<br>State Connector<br>PD   | s of Sections 607.0502<br>, or both, in the State of<br>and accept the obliga<br>tinked name of registered agen<br>OF FICERS AND                  | WAYNE<br>I and title if applicable<br>DIRECTORS       | SANTI   | B4 City<br>the above-named corpora<br>a Statutas.<br>Statutas.<br>13.<br>11 TITLE  | •  | FL<br>burpose of changing lit<br>of the appointment as<br>4-30-97<br>DATE   | s registered<br>registered<br>S IN 12                         |
| Pursuant to the provision<br>office or registered agent<br>agent. I am familiar with,<br>sNATURE<br>State PD<br>PD<br>SANTINI, W<br>2021 NW 82  | s of Sections 607.0502<br>, or both, in the State of<br>and accept the obliga<br>inded name of registered agen<br>OFFICERS AND<br>AYNE<br>2ND WAY | WAYNE<br>I and title if applicable<br>DIRECTORS       | SANTI<br>(NOTE: Reg   | B4 City<br>the above-named corpora<br>a Statutes.<br>Opstered Agent signature requ<br>13.  | ired when reinslating)   | FL<br>purpose of changing lits<br>of the appointment as<br>   | s registered  |
| Pursuant to the provision<br>office or registered agent<br>agent. I an familian with,<br>NATURE<br>Sanstrumer<br>PD<br>SANTINI, W<br>2021 NW 83<br>SUNRISE FI   | s of Sections 607.0502<br>, or both, in the State of<br>and accept the obliga<br>inded name of registered agen<br>OFFICERS AND<br>AYNE<br>2ND WAY | WAYNE<br>1 and title if applicable<br>DIRECTORS       |   | B4 City     the above-named corpora     a Statutas.     Statutas.     11 TITLE     12 NAME     13 STREET ADDRESS     14 CITY-ST-ZIP  | ired when reinslating)   | FL<br>purpose of changing its<br>but the appointment as<br>4-30-97<br>DATE<br>DATE<br>Change  | s registered  |
| Pursuant to the provision<br>office or registered agont<br>agent. I am familian vith i<br>NATURE<br>5 30-0 Content of p<br>Santini, W<br>2021 NW 65<br>SUNRISE FI<br>E  | s of Sections 607.0502<br>, or both, in the State of<br>and accept the obliga<br>inded name of registered agen<br>OFFICERS AND<br>AYNE<br>2ND WAY | WAYNE<br>1 and title if applicable<br>DIRECTORS       | SANTI<br>(NOTE: Reg   | B4 City     the above-named corpora     a Statutes.     Sistered Agent signature requ     13.     11 TILE     12 NAME     13 STREET ADDRESS  | ired when reinslating)   | FL<br>purpose of changing lits<br>of the appointment as<br>   | s registered  |
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