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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400052298 (4)

MAVERICK DISTRIBUTING CO., INC.

4119 GUNN HIGHWAY - STE #23	4118 GUNN HIGHWAY - STE #23		
TAMPA FL 33624	TAMPA FL 33624-4797		
Principal Place of Business	Mailing Address		

FILED Feb 11 1997 8:00am Secretary of State

A ARRENDRA AND ATAM REPRESENTATION CONTRACTORS AND REPORT ARREST ARREST

Principal Plac	e of Business	Mailing Address			I HOMADE ING HANN DIGIT BORGE ODILIN DO	IHI Bala l ahin ildir ildir da	W) 1041 1001
4119 GUNN HIGHWAY - STE #23 4119 GUNN HIGHWAY - STE #23 TAMPA FL 33624-4797							
					3. Date Incorporated or Qualified 07/15/1994	3a. Date of Last 09/17/1996	Report
2. Principal P	Pace of Business	2a. Mailing Address			4. FEI Number		pplied For
21 5/	AME AS ABOUE	26 SAME AS	A	SUC.	59-3252746	N	lot Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required
City & Stat	le	City & State			6. Election Campaign Financing		May Be
23 Zip	Country	28 7 7 7 7 7 7 7 7 7	Count		Trust Fund Contribution		to Fees
24	25	Zip 29	30	'y	8. This corporation has liability to Florida Statutes	r intangible tax under	s. 199.032,
[24]	9. Name and Address of Currer		1301		10. Name and Address of New F		
CHIC	GOS, JOHN D ESQ.		8	1 Name	/- /		
	EXECUTIVE CENTER DR., W				ictor Cuyan		
	E 303		8:	Street Add	ress (P.O. Box N., neer is Not neept	able)	
	PETERSBURG FL 33702		8				***************************************
			8-	City	·•Λ4	FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607,050	02 and 607 1508, Florida Statut	es, the abo	ve-named cor	poration submits this statement for the	nurnose of changing	its registered
office or r agent. Fa	registered agent, or/both, in the State on familiar with, and a cc out the oblig	e of florida. Such change was a	authorized I orida Statuti	by the corpora	ation's board of directors. I hereby acc	ept the appointment a	s registered
	Victor.	14M1	onou ototo			08 FEBRU	1ARY 97
SIGNATURE	Segment or registed or printed name of registered ag-	cot acquitt if applicable. (NOT	E Flegistered A	gent signature requ	red when reinstating)	DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
TITLE	PTD	DELETE	1.1 TITLE			Change	Addition
NAME	CUYAR, VICTOR		1.2 NAME				
STREET ADDRESS	4119 GUNN HWY STE #23		1.3 STRE	ET ADDRESS			
CITY - ST - ZIP	TAMPA FL	Lineser	1.4 CITY-				
THTLE	VSD	DELETE	2.1 TITLE			L Change	Addition
NAME	CUYAR, RICARDO		2.2 NAMI				
STREET ADDRESS	4119 GUNN HWY STE #23			ET ADDRESS			
CITY -ST - 7/P	TAMPA FL	Decere	2. 4 CITY			- L Chara	a data
TITLE		☐ DELEFE	3.1 TITLE			Change	Addition
NAME STREET ADDRESS			3.2 NAMI				
CITY-ST-ZIP				ET ADDRESS			
TI*LF		☐ DELETE	3.4, DITY 4.1 TITLE			Change	Addition
NAME			4.7 MAM			La change	Addition
STREET ADDRESS				ET ADDRESS			
CITY - ST - 7/P			4.3 STRE				
THLE		DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAMI				
STREET ADDRESS	1		•	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-				
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAMI	i			
STREET ACORESS				ET ADDRESS			
CHY-SI-ZIP		•	6.4 CITY				

14. If do 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 comparation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name Lam an officer or director of the corp appears in Block 12 or Block 13 if co.

SIGNATURE:

813)2690260