

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000014213 (9)

1. Corporation Name

MAVERA TRADING INC.



Principal Place of Business

10048 N.W. 128TH TERRACE
HIALEAH GARDENS FL 33016

Mailing Address

10048 N.W. 128TH TERRACE
HIALEAH GARDENS FL 33016

2. Principal Place of Business

21 10048 N.W. 128th TR

Suite, Apt. #, etc.

22

City & State

23 HIALEAH GDNS. FL

Zip

24 33016

Country

2a. Mailing Address

26 7911 N.W. 72 AVE

Suite, Apt. #, etc.

27 104

City & State

28 MIAMI FL

Zip

29 33016

Country

30

3. Date Incorporated or Qualified

02/20/1995

3a. Date of Last Report

4. FEI Number

65-0558040

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 607.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and principal officer

(Note: Registered Agent Signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME OLIVERA, MARITZA
STREET ADDRESS 10048 N.W. 128TH TERRACE
CITY-ST-ZIP HIALEAH GARDENS FL 33016

DELETE

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

Change Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

Change Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

Change Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

Change Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

Change Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

Change Addition

71 TITLE

72 NAME

73 STREET ADDRESS

74 CITY-ST-ZIP

Change Addition

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 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

Maritza Olivera/ President

5/15/96

305-889-5371

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)