

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000034731

1. Corporation Name

ED MAVERICK ENTERPRISES, INC.

Principal Place of Business

1739 NORTHWEST 56 AVENUE
LAUDERHILL FL 33313

Mailing Address

1739 NORTHWEST 56 AVENUE
LAUDERHILL FL 33313

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

11. Pursuant to the provisions of Sections 607.0507 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 agree to the provisions of Section 607.0505, Florida Statutes.

SIGNATURE

By: *[Signature]*

Natalia Utrera, V.P.

2/1/99

12. OFFICERS AND DIRECTORS

TITLE PSD [] DELETE

NAME MAVERICK, BETTY
STREET ADDRESS 1739 NORTHWEST 56 AVENUE
CITY-ST-ZIP LAUDERHILL FL 33313

TITLE VTD [] DELETE

NAME MAVERICK, ED G
STREET ADDRESS 1739 NORTHWEST 56 AVENUE
CITY-ST-ZIP LAUDERHILL FL 33313

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE

NAME
STREET ADDRESS
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:

[Signature]

ED. MAVERICK

1/6/99

954-4642562

25 FEB - 2 11:12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/17/1997

4. FEI Number

65-0745718

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 owes the current year Intangible
Personal Property Tax [] Yes [X] No

10. Name and Address of New Registered Agent

81 Name: SPIEGEL & UTRERA PA.
82 Street Address (P.O. Box Number is Not Acceptable)
343 Almeria Avenue
83
84 City Coral Gables FL 85 Zip Code 33134

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

600002769306--2
-02/09/99--01046--021
****150.00 ****150.00

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

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[Signature]

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CR2E034 (11/98)