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

POCUMENT # P9600063206 (2)

PROFESSIONAL PURCHASING CONSULTANTS, INC.

Principal Place of Business

Mailing Address

15890 B.W. 77TH STREET

15890 S.W. 77TH STREET

FILED Apr 25 1997 8:00am Secretary of State



MAM FL 33193					MIAMI FL 33193-2988							
									3. Date Incorporated or Qualified 07/29/1996	3a. Date of La	ast Re	oorl
2. Principal Place of Business				20	2a. Mailing Address				4. FEI Number		App	lied For
21				26	26				65-0681355	<u> </u>	Not	Applicable
Sulte, Apt. #, etc.				27					5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State					City & State				6. Election Campaign Financing	\$5	. 00 n	lay Be
23				28					Trust Fund Contribution Added to Fe			
Zip	Country				Zip Cou				8. This corporation has liability for intangible tax under s. 199.032,			
24	9. Name and Address of Current I			29	elered Agent	red Agent			Florida Statutes XYes No 10. Name and Address of New Registered Agent			
2014	MERMAN, N			rnogi	BIOIOG AGOIL		81	Name	10. Name and Address of New Re	listeted Agent		
13320 SW 128TH STREET MIAMI FL 33188						82 Street Ac			Address (P.O. Box Number is Not Acceptable)			
MUN	MI LF 0210	0					83					
							64	City		FI 85	Zip C	ode
11. Pursuant office or r	to the provision of the	ons c ent, c	f Sections 607.050; r both, in the State d accept the obliga	2 and of Flor	607.1508, Florida Statul- rida. Such change was a of, Section 607.0505, Flo	es, the a authorize	bove d by	e-named the corp	corporation submits this statement for the p coration's board of directors. I hereby accep	3 km	ing its	registered egistered
SIGNATURE		,	a accept the conge		01, 0001011 00110000,111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	Signature, typed	or print	ed name of registered age			E: Rogisture	id Ägc	int signature	required when reinstalling)	DATE		
12.			OFFICERS AND	DIRE		13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	D	A	T 41.00		☐ DELETE	1.1 T				☐ Cha	nge	Addition
NAME	ALZATE,					1.2 N						;
STREET ADDRESS	15890 S.W. 77TH STREET MIAMI FL 33193				,			ADDRESS				Įį.
CITY-ST-ZIP TITLE	D MIAMI FL	331	83		DELETE		ITY-S	T - ZIP		Cha		- Addison
NAME	DIAZ, JOI	סמב			DE OFFETE	2.11				tila	nge	☐ Addition
STREET ADDRESS			7TH PATH			2.2 N		LODDICO				
CITY-ST-ZIP	MIAMI FL							ADDRESS				
TITLE	Trip Mett 7 E				DELETE	3.1 T		SI - ZIP		Cha	nne	Addition
NAME						3.2 N				<u> </u>		
STREET ADDRESS								ADDRESS				
CITY-ST-ZIP						3 4. 0	NTY - 9	ST - Z (P				
TITLE					DELETE	4 1 T				☐ Cha	nge	Addition
NAME						4.21	NAME					
STREET ADDRESS						435	IREET	ADDRESS				
CITY-ST-ZIP						44C	ITY-S	T-ZIP				
TITLE					DELETE	511	ITLE			☐ Cha	nge	Addition
NAME						52 N	AMÉ					
STREET ADDRESS						538	TREET	ADDRESS				
CITY-ST-ZIP	15.1				- Deleve		11Y-S	T-21P		· · · · · · · · · · · · · · · · · · ·		
TITLE					☐ DELETE	61 Ti				☐ Cha	nge	Addition
NAME						6.2 N						1
STREET ADDRESS								ADDRESS				Ì
CITY-ST-ZIP						6.4 C	ITY - S	T-ZIP				

I 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 angual report structure 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 of 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 altacyment with an address.