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May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 443587 (7)
Corporation Name: General Products International

Principal Place of Business	Mailing Address
3535 NW 7TH ST MIAMI FL 33125	3535 NW 7TH ST MIAMI FL 33125-4015

Date Incorporated or Qualified:

Date of Last Report: 05/01/1996

21 Principal Place of Business		26 Mailing Address	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State		28 City & State	
24 Zip	25 Country	29 Zip	30 Country

FEI Number: 59-1538149 ☐ Applied For ☐ Not Applicable

Certificate of Status Desired ☐ $8.75 Additional Fee Required

☐ $5.00 May Be Added to Fees

This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

Name and Address of Current Registered Agent

BENITEZ, EMILIO
600 S. ANDREWS AVE
SUITE 403
FT LAUDERDALE FL 33301

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

Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 607.0505, Florida Statutes.

SIGNATURE: _____ DATE

NOTE: Registered Agent's signature required for agent change.

OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE	1.1 TITLE
NAME	GOMEZ, MANUEL SR		1.2 NAME
STREET ADDRESS	2233 N.W. 3RD ST.		1.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP
TITLE	S/T	☐ DELETE	2.1 TITLE
NAME	GOMEZ, MANUEL		2.2 NAME
STREET ADDRESS	3620 S.W. 108TH CT.		2.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP
TITLE		☐ DELETE	3.1 TITLE
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE		☐ DELETE	4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		☐ DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		☐ DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

☐ Change ☐ Addition

5-8-97

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-05/20/97--01096--002
***165.00

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 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: _____ 4/[illegible]/97 (305)642-0311