FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00				FILED	
COR	PROFIT FLORIDA DEPAR CORPORATION Sandra B. ANNUAL REPORT Secretary		Mortham	Apr 16 199	
1	1998	Secretary DIVISION OF CO		Secretary	of State
1. Corporation		(6)			
	PURCHASING CORP.				
Principal Place of Business Mailing Address P.O. BOX 561746 P.O. BOX 561746 MIAMI FL 33256-1746 MIAMI FL 33256-1746 US US				DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified 05/14/1990	
	Box 565999	2a. Mailing Address 26 PO Box	565999	4. FEI Number 65-0202805	Applied For Not Applicable
Suite, Apt. #	W, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	FC,	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 33.2	56 25 USA	29 33250 s	Country 5 A	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registere	ed Agent
OFOL CIVIOA CT				ss (P.O. Box Number is Not Acceptable)	
MIAMI FL 33176			83	us (F.O. DOX Humber is Not Notephable)	
			84 City	F	
11. Pursuant to office or re agent Lan	o the provisions of Sections 607.05 egistered agent, or both, in the Stat in familiar with, and accept the obligence.	.02 and 607.1508, Florida Statutes e of Florida. Such change was aut gations of, Section 607.0505, Flori	 the above-named corporation thorized by the corporation da Statutes. 	oration submits this statement for the purpose on's board of directors. I hereby accept the a	of changing its registered ppointment as registered
SIGNATURE .	Signature, typed or printed name of registered as	pre.	Registered Agent signature requires	d when reinstating) DATE	
12.	/	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TOTLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME PROFES LODGEGO	COHEN, RICHARD 9501 SW 94 CT.		1.2 NAME		
STREET ADDRESS CITY-ST-ZIP	MIAMI FL		1.3 STREET ADDRESS 1.4 City-St-Zip		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
THILE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS		
TITLE		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME			4. 2 NAME		_ · ·
STREET ADDRESS			4.3 STREET ADDRESS		
0.77 67 710			44000 81 70		

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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

TIFLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

1 Dece

DELETE

DELETE

1/13/95

305 348

Change

Change

Addition

Addition