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 # P92000002770 (5)

1. Corporation Name

LPG-SUPPLIES, INC.

Principal Place of Business	Mailing Address
4995 NORTHWEST 79TH AVENUE SUITE 116 MIAMI FL 33166	C/O MARTIN.PONS 169 E FLAGLER ST #1517 MIAMI FL 33131 US

3. Date Incorporated or Qualified: 11/03/1992
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21	26 13727 SW 152 Street
Suite, Apt #, etc 22	Suite, Apt #, etc 27 325
City & State 23	City & State 28 Miami, Florida
Zip 24 / Country 25	Zip 29 33177 / Country 30

4. FEI Number: 65-0387578 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PONS, MARTIN E
169 EAST FLAGLER STREET
SUITE 1517
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: MARTIN E. PONS
82 Street Address (P.O. Box Number is Not Acceptable): 200 S. Biscayne Blvd.,
83 Suite 4920
84 City: Miami FL 85 Zip Code: 33131

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 607.0505 Florida Statutes.

SIGNATURE [signature] DATE 1/26/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DE ROUX, ANTONIO	1.2 NAME	
STREET ADDRESS	4995 NORTHWEST 79TH AVENUE S-116	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DE ROUX, GUILLERMO	2.2 NAME	
STREET ADDRESS	4995 NORTHWEST 79TH AVENUE S-116	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166	2.4 CITY-ST-ZIP	
TITLE	PS ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PONS, MARTIN	3.2 NAME	
STREET ADDRESS	200 S. BISCAYNE # 4920	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(k), 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: [signature] MARTIN E PONS a/s — 1/26/96 — (305) 373-5444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)