

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

FILED

Apr 14 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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  
4995 NORTHWEST 79TH AVENUE  
SUITE 116  
MIAMI FL 33166

Mailing Address  
13727 SW 152 ST  
325  
MIAMI FL 33177  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1992

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

PONS, MARTIN E  
200 S BISCAYNE BLVD  
SUITE 4920  
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)

83 200 S BISCAYNE BLVD

84 9370 SUNSET DRIVE Suite A100

85 City MIAMI

FL

86 Zip Code 33133

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

*Martin E Pons*

MARTIN E PONS

4/7/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DE ROUX, ANTONIO  
STREET ADDRESS 4995 NORTHWEST 79TH AVENUE S-116  
CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ DELETE

NAME DE ROUX, GUILLERMO  
STREET ADDRESS 4995 NORTHWEST 79TH AVENUE S-116  
CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ DELETE

NAME AS  
STREET ADDRESS PONS, MARTIN  
CITY-ST-ZIP 200 S BISCAYNE #4920  
MIAMI FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 43 if changed, or on an attachment with an address.

SIGNATURE:

*Martin E Pons*

MARTIN E PONS

4/7/98

305-275-7072

CR2E034 (10/97)