SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $220 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
'95 JUL 11 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000059216 (0)**

1. Corporation Name
GENERAL PURCHASING MANAGEMENT, INC.

Principal Place of Business	Mailing Address
6995 N.W. 82ND AVE. #3 MIAMI FL 33166	6995 N.W. 82ND AVE. #3 MIAMI FL 33166

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/24/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 6907 NW 82nd Ave
Suite, Apt. #, etc. 22
City & State 23 MIAMI, FL
Zip 24 33166 Country 25 USA

2a. Mailing Address
26 6907 NW 82nd Ave
Suite, Apt. #, etc. 27
City & State 28 MIAMI, FL
Zip 29 33166 Country 30 USA

4. FEI Number: 65-0433466 ☐ 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

MORENO, EDUARDO
6995 N.W. 82ND AVE.
#3
MIAMI FL 33166

10. Name and Address of New Registered Agent

01 Name: MORENO, EDUARDO
02 Street Address (P.O. Box Number is Not Acceptable): 6907 NW 82nd AVE
03
04 City: MIAMI FL 05 Zip Code: 33166

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: (PRESIDENT) DATE: 06-30-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	MORENO, EDUARDO	1.2 NAME	MORENO, EDUARDO	
STREET ADDRESS	6995 N.W. 82ND AVE. #3	1.3 STREET ADDRESS	6907 NW 82 AVE	
CITY-ST-ZIP	MIAMI FL 33166	1.4 CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	SD	2.1 TITLE	SD	☑ Change ☐ Addition
NAME	LEYVA, MARTINA	2.2 NAME	LEYVA, MARTINA	
STREET ADDRESS	6995 N.W. 82ND AVE. #3	2.3 STREET ADDRESS	6907 NW 82 AVE	
CITY-ST-ZIP	MIAMI FL 33166	2.4 CITY-ST-ZIP	MIAMI, FL 33166	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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: EDUARDO MORENO (PRESIDENT) 06-30-95 305-599-9491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0068035 CP