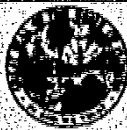


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/94: \$325 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000059216 (0)

1. Corporation Name

GENERAL PURCHASING MANAGEMENT, INC.

Principal Place of Business

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

Mailing Address

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

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/24/1993

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21 6907 NW 82nd Ave

2a. Mailing Address

26 6907 NW 82nd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

MIAMI, FL

27 City & State

MIAMI, FL

Zip

Country

24 33166

25 USA

Zip

Country

29 33166

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MORENO, EDUARDO
STREET ADDRESS	6995 N.W. 82ND AVE. #3
CITY - ST - ZIP	MIAMI FL 33166
TITLE	SD
NAME	LEYVA, MARTINA
STREET ADDRESS	6995 N.W. 82ND AVE. #3
CITY - ST - ZIP	MIAMI FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	MORENO, EDUARDO	
1.3 STREET ADDRESS	6907 NW 82 Ave	
1.4 CITY - ST - ZIP	MIAMI, FL 33166	
2.1 TITLE	SD	☒ Change ☐ Addition
2.2 NAME	LEYVA, MARTINA	
2.3 STREET ADDRESS	6907 NW 82 Ave	
2.4 CITY - ST - ZIP	MIAMI, FL 33166	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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:

EDUARDO MORENO (PRESIDENT)

06-30-95

205-599-9491

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #