## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P94000030257 (7)

DOCUMENT #, 1. Corporation Name SALES & PURCHASING SUPPORT GROUP, INC.

Principal Place of Business Mailing Address P.O. BOX 432316 7775 SW 72 AVE

MIAMI FL 33143			MIAMI FL 33243									
								Date Incorporated or Qualified 04/18/1994	d 3a. Date	04/04/	1995	
······································	Place of Business	1	Mailing Address				4.	FEI Number 65-0536487		L	Applied For	
21		26						05 0550407		Not Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.					Certificate of Status Desired			75 Additional e Required	
City & Stat	te	28	City & State				6.	Election Campaign Financing Trust Fund Contribution			.00 May Be ded to Fees	
Zip	Country		Zφ	Cour	ıtry		8.	This corporation has liability for	or intangiale ta	x under	s 199.032,	
24	25	29		30				Florida Statutes	<u> </u>			
	9. Name and Address of Currer	nt Hegis	tered Agent		81	Marra	10.	Name and Address of New	<del>_</del>	Agent		
GHER	IRA, MARIA E			]	•'	Name 927	RU	IU A. DEL VALL	E			
10901 N KENDALL DR #214 MIAMI FL 33176						Street Addres	Address (P.O. Box Number is Not Acceptable)					
						7715	145 SW 12 AV.					
					84	City MIN	m	7	FL	85	75 Code 3	
or registe familiar w SIGNATURE	to the provisions of Sections 607.0502 and agent for both, in the State of Florinth, and accept the obligations of Sections of	da Such tion:607.	n change was authorize 0505, Florida Statutes. 	ed by the co	erpo	oration's board	d of di	irectors. Thereby accept the ap	ourpose of cha ppointment as	anging it register 196	s registered office ed agent. I am	
12.	Signature, typed or printed name of registered agen OFFICERS AN			13.	Aga:n	nt signature required y	when re	and a ADDITIONS/CHANGES TO O	DATE /	ENDE O	TODO IN 12	
TITLE	T-P	LV LVII IL.C	T) DELETE	1, 1 7:1	1 F	170	25/1	Drive Marie	Г	Chang		
NAME	GUERRA, MARIA E			1.2 NA		127	TV	PLUE, GERGIO A	•			
STREET ADDRESS	10901 N KENDALL DR #24					ADDRESS 70	711	5 5W 12 W				
CITY-ST-ZIP	MIAMI FL 33176			1.4 CIT		I-ZIF 7	1119	MUE, SECULO A SE SEN 12 M MI, FL 33HB				
TITLE		.,	DELETE	2 1 113	l.F					Chang	e 🔲 Addition	
NAME				2 2 NA!	ΜĒ							
STREET ADDRESS				2.3 STR	REET	ADDRESS						
CITY-ST-7IP			· · - · · - · · · · · · · · · · · · · ·	2 4 CIT	Y - S	I-ZIP						
TITLE			DELETE	3 1 1)[					. [	] Chang	e 🔲 Addition	
NAME				3.2 NAI								
STREET ADDRESS						ADORESS						
CITY-SI-7IP TITLE			DELETE	4. 1 III		1-ZIP				Change	e [ ] Addition	
NAME			Flocient	4. 1 III					L	_1 Charly		
STREET ADDRESS						ADDRESS						
CHTY-ST-ZIP				4.4 CIT		- 1						
TITLE			□ DELETE	5 1 111						Change	e 🔲 Addition	
NAME				5 2 NAM	VΕ			•				
STREET ADDRESS				5.3 STR	REE T	ADDRESS						
CITY-ST-7IP				5.4 CIT								
THILE			DELETE	6 1 111			***************************************	NAME OF THE PROPERTY OF THE PR		Chang	e 🔲 Addition	
NAME				6.2 NAt	VΕ							
STREET ADDRESS				6.3 STR	(EE)	ADDRESS						
CITY-ST-ZIP				6.4 CIT	Y - S	i7-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 cath; 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 

SIGNATURE:

ED CASTULL SELATO A: DEL VALLE
ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR