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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandre B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400045035 (0)

GPM INTERNATIONAL CORP.

Principal Prace of Business 18524 N.W. 67TH AVE.

Mailing Address

18524 N.W. 67TH AVE.

## **FILED** Apr 04 1997 8:00am Secretary of State



SUITE 185 MIAMI FL 33015		SUITE 185 Miami Fl 33015-3302			
				3. Date Incorporated or Qualified 06/15/1994	3a. Date of Last Report 05/01/1996
	lace of Business	2a. Mailing Address	3 R. al	, FEI Number	Applied For
	N.W. 69" 51.		W. King Bld	701. 65-0500304	Not Applica
Suite, Apt 22 Bau	17	Suite Apt. #, etc.	977	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stal- 23 <i>H1/1</i>	Mi - FF	city & State 28 Rembnoke	Pines- FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 <sup>10</sup> 33	166 25 USA	29 33009	Country SA.	8. This corporation has liability for in Florida Statutes	Yes 🗌 No
	9. Name and Address of Curren	t Registered Agent	81 Name -	10. Name and Address of New Reg	istered Agent
	ABOA, GUSTAVO		<u> </u>		<b>Ф</b> М
BAY	1 NW 64TH ST			ress (P.O. Box Number is Not Acceptable NW 64+LLS+	e)
	MI FL 33166		8211		
n n n	m 1 C 00 100		Bay	# 7	·····
			84 City	a wwi	FL 85 Zip Code 33 \ 66
11. Pursuant	to the provisions of Sections 607,050	2 and 607.1508, Florida Statut	es, the above-named corr	poration submits this statement for the pr	urpose of changing its register
office or r agent. La	egistered agent, or both, in the State m tamiliar with, and ac <b>ar</b> at the obliga	ol Elorida. Such change was a atons at. Section 607,0505. Flo	authorized by the corporatorida Statutes.	tion's board of directors. I hereby accep	I the appointment as registere
SIGNATURE	Come C.	Colu (	General 1	Hua. 03/2	6 97
SIGNATION			Hegistered Agent signature requir		DATE
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFIC	
"Hu?	D CAMPON CHOTANO	☐ OELETE	1.1 71TLE		Change  Addi
NAM:	GAMBOA, GUSTAVO		1.2 NAME		
STREET ADDRESS	18524 N.W. 67TH AVE.		1.3 STREET ADDRESS		
CITY - ST - ZiP	MIAMI FL 33015 GM	Printer	14 CITY-ST-ZIP		Charge Made
101_F	COLON, EMILIO	L] DELETE	2 1 TITLE		☐ Change ☐ Add
NAME	8211 NW 64TH ST, BAY #7		2.2 NAME		
STREET ACCRESS	MIAMI FL 33166		2 3 STREET ADDRESS		
CHY-\$1-707 Title	MPMI FL 33100	☐ DELETE	2 4 CITY-ST-ZIP 31 TITLE		Change Add
		L_3 occerc	3.2 NAME		ET QUOVÃO ET VAN
NAME					
STELL LALDERSS			3.3 STREET ADDRESS		
CHTY-ST-20P		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Add
NAME		hand vivia via	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHY-51-7#		•	4 4 CITY-ST-ZIP		
THE		DELETE	51 TillE		☐ Change ☐ Add
NW:			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHY-SI-7#			5.4 CITY - ST - ZIP		
11114		☐ DELETE	6.1 TITLE		Change Add
NAMÉ			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CI34 - \$1 - 712			6.4 CITY+ST-ZIP		
				11 Control of Control of Control	A STORY OF THE PARTY OF THE PAR

14. Edo 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

SIGNATURE: