


May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED May 09 1997 8:00am Secretary of State	
DOCUMENT # P96000068616 1. Corporation Name General Products Trade and Supply Inc.					
Principal Place of Business 847 N.W. 119th St. #205 Miami, Fl. 33168		Mailing Address 847 N.W. 119th St. #205 Miami, Fl. 33168-2336		3. Date Incorporated or Qualified 08/16/1996 3a. Date of Last Report	
2. Principal Place of Business 21 10250 N.W. 47th St. Suite, Apt. #, etc. 22 City & State 23 Sunrise, Fl. Zip Country 24 33351 25 U.S.		2a. Mailing Address 26 10250 N.W. 47th St. Suite, Apt. #, etc. 27 City & State 28 Sunrise, Fl. Zip Country 29 33351 30 U.S.		4. FEI Number 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent Solsol, O Lorena 847 N.W. 119th St. #205 Miami, Fl. 33168			10. Name and Address of New Registered Agent 81 Name Jason A. Swartzwelder 82 Street Address (P.O. Box Number is Not Acceptable) 10250 N.W. 47th St. 83 84 City Sunrise FL 85 Zip Code 33351		
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 Jason A. Swartzwelder 4/17/97 Signature, typed and printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS TITLE PSTD NAME Fernando Pereira da Silva, Jr. STREET ADDRESS 10250 N.W. 47th St. CITY-ST-ZIP Sunrise, Fl. 33351			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
14. I do 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 13 if changed, or on an attachment with an address.			100002185761 -05/20/97--01096--028 ***165.00 4/17/97 954-787-7200		
SIGNATURE: Fernando Pereira da Silva Jr. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/17/97 954-787-7200 Date Daytime Phone #		