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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000090629 (2)

E & F PURCHASING CO.

Principal Place of Business	Mailing Address				
13853 S.W.139TH CT MIAMI FL 33186	13853 S.W.139TH CT MIAMI FL 33186-5554				
		3			

FILED May 09 1997 8:00am Secretary of State



MIAMI FL 3318	9 6	MIAMI FL 33186-5554							
						3. Date Incorporated or Qualified 11/05/1996	3a. Da	ito of La	st Report
2. Principal P	lace of Business	2e. Mailing Address				4. FEI Number	0		Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, otc.			~	(Carprosof)		\$8.7	Not Applicable 5 Additional
22		27				5. Certificate of Status Desired			Required
City & State	0	City & State				Election Campaign Financing Trust Fund Contribution			00 May Be led to Fees
Zip	Country	Zip	Cou	intry		8. This corporation has liability for i			er s. 199.032,
24	9. Name and Address of Curren	29	30				Yes [_	
PΛI	UCICAUT, EDOUARD	it negistereti Ağeni		61	Name	10. Name and Address of New Re	gistered	Agent	
	53 S.W.139TH CT								
	MI FL 33186			82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
••••		•		83		77 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
				64				· · · · · · · · · · · · · · · · · · ·	
				84	City		FL	1	Zip Code
	to the provisions of Sections 607,050 legistered agent, or both, in the State im familiar with, and accept the obliga	∠ and 607.1508, Florida Statu of Florida. Such change was ations of, Section 607.0505, F	ites, the at authorized lorida Stat	d by utes	:-named corporation: the corporation:	oration submits this statement for the p on's board of directors. I hereby accep	urpose of It the app	changir ointmen	ng its registered t as registered
SIGNATURE	Signature, typed or printed name of registered age	int and title if applicable (NO	1t : Registeres	Age	nt signature require	ed when reinstating)	DATE		
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFIC		DIRECT	ORS IN 12
TITLE	PD	☐ DELE1E	1.1 10	IL€				Chan	ge Addition
NAME	BOUCICAUT, EDOUARD		1.2 NA	ME	ļ				
STREET ADDRESS	6278 SW 136TH CT F-113				ADDRESS				
CITY-ST-ZIP	MIAMI FL 33183 VD	DELETE	1.4 CF		F-ZIP			T 1 64	T
NAME	ADRIEN, FRANCOIS	טוננונ 🗀 גוננונ	2.1 111					Chan	ge L Addition
STREET ADDRESS	6256 SW 136TH CT E-110		2.2 NA		+000F00				
CITY-ST-ZIP	MIAMI FL 33183		2.4 C		ADDRESS				
TITLE	7,	DELETE	3.1 TII		1-214			☐ Chan	ge Addition
NAME			3.2 NA						go Ell Hookibi
STREET ADDRESS			1		AUDRESS				
CITY-ST-ZIP			3.4. CF	TY-S	IT-ZIP				
TITLE		DELETE	4.1 111	LF				Chan	ge Addition
NAME			4. 2 N	AME					
STREET ADDRESS			4.3 ST	HEET A	ADDRESS				
CITY-ST-ZIP			4.4 CI1		1 - Z (P		···		
TITLE		↓ DELETE	5.1 TH					☐ Chan	ge 🔲 Addition
NAME			5.2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		DELCTE	5.4 (1)		ı-ZIP			T 55.	- T 4 3 191
NAME		□ oracit	6.1 T(T					L Chan	ge [_] Addition
STREET ADDRESS			6.2 NA		1000000				
CITY-ST-ZIP					ADDRESS				
UIT-SI-ZIP I			6.4 CD	1 V - ST	i ZIP				

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 eath, 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 cityinged, or on an artist ment with an address.

305-