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Apr 30, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000090629					
1. Corporation Name E & F PURCHASING CO.					
Principal Place of Business 13853 S.W.139TH CT MIAMI FL 33186			Mailing Address 13853 S.W.139TH CT MIAMI FL 33186		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 6278 SW 136 ct Suite, Apt. #, etc. Apt 8113 City & State Miami FL Zip 33183 Country USA			2a. Mailing Address 26 SAW 00 3 Suite, Apt. #, etc. City & State Zip Country		
9. Name and Address of Current Registered Agent BOUCAUT, EDOUARD 13853 S.W.139TH CT MIAMI FL 33186			10. Name and Address of New Registered Agent 81 Name Boucaut, Edouard 82 Street Address (P.O. Box Number is Not Acceptable) 6278 SW 136th Apt 8113 83 Miami FL 84 City Miami FL 85 Zip Code 33183		
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 <i>Edouard Boucaut</i> DATE 4/25/99 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PD NAME BOUCAUT, EDOUARD STREET ADDRESS 6278 SW 136TH CT F-113 CITY-ST-ZIP MIAMI FL 33183			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE VD NAME ADRIEN, FRANCOIS STREET ADDRESS 6256 SW 136TH CT E-110 CITY-ST-ZIP MIAMI FL 33183			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)