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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000013205

1. Corporation Name

G P R INTERNATIONAL, INC

FILED	
Mar 22, 1999 8:00 am	1
Secretary of State	

03-22-1999 90004 001 ***150.00

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Principal Place	e of Business	Mailing Address		T 10019001 IAM 50105 10111 00111 00115 00115 0011	I HI EBU ISHO IIDIH ODIOL DIXI INDI
9807 NW 80TH		9807 NW 80TH AVENUE			
BAY 11E BAY 11E			DO NOT WRITE IN THI	SPACE	
-HIALEAH FL 33016 HIALEAH FL 33016			DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed		
	r			02/10/1998	Ì
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 3100 N	W 72nd Avenue	26 5763 NW 98th	Ct	65-0811249	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 #106		27	<u> </u>		Fee Required
City & Stat		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Miami	_ 	28 Miami, Fl	Country	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	 This corporation owes the current year In Personal Property Tax. 	xxxiYes □No
33122	9. Name and Address of Curre		30	10. Name and Address of New Registered	
	5. Name and Address of Curren	it itagistered rigent	81 Name		
DIAZ	z, roberto			DBERTO DIAZ	
1026	66 NW TH TERRACE		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
MIAN	MI FL 33178		83		
<u> </u>				NW 98th Ct	
ĺ			84 City Miami	Fi	_ 85 Zip Code _ 33178
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	the above-named com-	oration submits this statement for the purpose of	f changing its registered
Office or c	registered agent, or both, in the State im familiar with, and accept the obliga	rof Florida. Such change was all	horized by the corporatio	on's board of directors. I hereby accept the appo	pintment as registered
1	arriannia war, and accept the conge	adans (1, 00000), 007.0000, 7 les.			ļ
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: I	Registered Agent signature required	d when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	☐ DELET E	1.1 TITLE		☐ Change ☐ Addition
NAME	DIAZ, ROBERTO		1.2 NAME		
STREET ADDRESS	10266 NW 4TH TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33178		1.4 CITY-ST-ZIP		Change Addition
IIILE .		Office	2.1 TITLE		C citalige (C receive)
NAME			2.2 NAME		·.!
STREET ADDRESS	<u>'</u>		2.3 STREET ADDRESS		·
CITY-ST-ZIP		☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
TITLE			3.2 NAME		
NAME STREET ADDRESS			3.3 STREET ADDRESS		ľ
	1		3.4. CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME	!				
STREET ADDRESS			4 2 NAME		
	,		4, 2 NAME 4,3 STREET ADDRESS		{
			4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	I		☐ Change ☐ Addition
		☐ DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
CITY-ST-ZIP TITLE		☐ DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME		☐ DELETE	4.3 STREET ADDRESS 4.4 CITY- ST- ZIP 5.1 TITLE 5.2 NAME		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	4.3 STREET ADDRESS 4.4 CITY- ST- ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY- ST- ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			4.3 STREET ADDRESS 4.4 CITY- ST- ZIP 5.1 TITLE 5.2 NAME 6.3 STREET ADDRESS 5.4 CITY- ST- ZIP 6.1 TITLE		

SIGNATURE:

ASIGNATURE TEQUIRE.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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.