

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 # S78505

1. Corporation Name
CONTRACT PURCHASING SERVICES, INC.

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90157 012 ***300.00



Principal Place of Business Mailing Address
~~6426 SW 132 COURT CIRCLE~~ ~~6426 SW 132 COURT CIRCLE~~
~~MIAMI FL 33166~~ ~~MIAMI FL 33166~~
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 8013 NW 66 ST 26 8013 NW 66 ST
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 MIAMI FL 28 MIAMI FL
Zip Country Zip Country
24 33166 25 US 29 33166 30 US

3. Date Incorporated or Qualified
09/03/1991
4. FEI Number Applied For
65-0284996 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HAWLEY, CLIFTON K II
6426 SW 132ND CT. CIRCLE
MIAMI FL 33183

10. Name and Address of New Registered Agent

81 Name Hawley, CLIFTON K. II
82 Street Address (P.O. Box Number is Not Acceptable)
8013 NW 66 ST
83
84 City MIAMI FL 85 Zip Code 33166

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 for 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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/27/99

12. OFFICERS AND DIRECTORS
TITLE PD ☐ DELETE
NAME HAWLEY, CLIFTON K II
STREET ADDRESS 6426 SW 132 CT. CIR.
CITY-ST-ZIP MIAMI FL 33166
TITLE D ☐ DELETE
NAME HERNANDEZ, LUIS R
STREET ADDRESS 14266 SW 101 STREET
CITY-ST-ZIP MIAMI FL 33186
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
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 REQUIRED

2/27/99

Date

305 593 2510

Daytime Phone #

CR2E034 (1/1/98)

0283013