FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738918 (2)

1. Corporation Name

NATIONAL ASSOCIATION OF PURCHASING MANAGEMENT - SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
P.O. BOX 523323 MIAMI FL 33152-3323 US	P.O. BOX 523323 MIAMI FL 33152-3323 US

3. Date Incorporated or Qualified: 05/13/1977
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21: Suite, Apt. #, etc. — 22: City & State — 23: Zip — 24: Country — 25:

2a. Mailing Address — 26: Suite, Apt. #, etc. — 27: City & State — 28: Zip — 29: Country — 30:

4. FEI Number: 59-1867643 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DORSETT, JIM
COULTER CORPORATION
11800 SW 147 AVE
MIAMI FL 33196

10. Name and Address of New Registered Agent

81 Name: ALAN GOLDFARB
82 Street Address (P.O. Box Number is Not Acceptable): 810 NW 96 TER
83:
84 City: PEMBROKE PINES FL 85 Zip Code: 33024

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [signature] ALAN GOLDFARB 1-19-96
(Typed or Printed Name of Person Signing) (Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '97		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GOLDFARB, ALAN		1.2 NAME		
STREET ADDRESS	810 NW 96 TER		1.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33024		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	KRAMER, LINDA~~BETH~~		2.2 NAME	KRAMER, LINDA	
STREET ADDRESS	10425 SW 60 ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33173		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DORSETT, JIM		3.2 NAME		
STREET ADDRESS	11225 NW 15TH PL		3.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33026		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GREENFIELD, SHARON		4.2 NAME		
STREET ADDRESS	19999 W COUNTRY CLUB DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	AVENTURA FL 33180		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MATTKE, ELIZABETH		5.2 NAME		
STREET ADDRESS	100 SUNRISE DR, APT 30		5.3 STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAYNE FL 33149		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BAILLY, DANETTE		6.2 NAME		
STREET ADDRESS	13175 SW 11TH LANE CIRCLE		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33184		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] ALAN GOLDFARB 1-19-96 305-~~3~~ 380-3437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #