**FILE NOW: FILING FEE IS $61.25**

FILED
Jun 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1997**

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<br>MIAMI FL 33152-3323<br>US | P.O. BOX 523323<br>MIAMI FL 33152-3323<br>US |

3. Date Incorporated or Qualified: 05/13/1977
3a. Date of Last Report: 01/26/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 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**

GOLDFARB, ALAN
810 NW 96 TER.
PEMBROKE PINES FL 33024

**10. Name and Address of New Registered Agent**

81 Name: Elizabeth Mattke
82 Street Address (P.O. Box Number is Not Acceptable): 100 Sunrise Drive
83: Apt 30
84 City: Key Biscayne FL 85 Zip Code: 33149

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] 6/10/97
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | P | ☒ DELETE | 1.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | GOLDFARB, ALAN | | 1.2 NAME | Rick Torres | |
| STREET ADDRESS | 810 NW 96 TER | | 1.3 STREET ADDRESS | 8100 Geneva Court # 346 | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33024 | | 1.4 CITY-ST-ZIP | Miami, FL 33166 | |
| TITLE | V | ☐ DELETE | 2.1 TITLE | | ☒ Change ☐ Addition |
| NAME | KRAMER, LINDA | | 2.2 NAME | | |
| STREET ADDRESS | 10425 SW 60 ST | | 2.3 STREET ADDRESS | 7338 SW 162 Pl | |
| CITY-ST-ZIP | MIAMI FL | | 2.4 CITY-ST-ZIP | Miami, FL 33193 | |
| TITLE | D | ☒ DELETE | 3.1 TITLE | T | ☐ Change ☒ Addition |
| NAME | DORSETT, JIM | | 3.2 NAME | Prapavesis, George | |
| STREET ADDRESS | 11225 NW 15TH PL | | 3.3 STREET ADDRESS | 5300 NW 36 Street | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33026 | | 3.4 CITY-ST-ZIP | Miami, FL 33152 | |
| 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 | P | ☒ 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 (9/96)

14. 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 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] 6/10/97 (305) 995-7315