

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **738918** (2)

1. Corporation Name

**NATIONAL ASSOCIATION OF PURCHASING MANAGEMENT -
SOUTH FLORIDA, INC.**



Principal Place of Business P.O. BOX 523323 MIAMI FL 33152-3323 US		Mailing Address P.O. BOX 523323 MIAMI FL 33152-3323 US		3. Date Incorporated or Qualified 05/13/1977	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-1867643	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24		Country 25		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip 29		Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent MATTHE, ELIZABETH 100 SUNRISE DRIVE APT. 30 KEY BISCAYNE FL 33149				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TORRES, RICK			1.2 NAME			
STREET ADDRESS	8100 GENEVA COURT, #246			1.3 STREET ADDRESS	17430 SW 22 Street		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	Miramar, FL 33029		
TITLE	V	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KRAMER, LINDA			2.2 NAME	Meir Regier		
STREET ADDRESS	7338 S.W. 162 PL			2.3 STREET ADDRESS	20200 W. Country Club Drive		
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP	Aventura FL 33180		
TITLE	T	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	PRAPAVESIS, GEORGE			3.2 NAME	Priscilla Bittner		
STREET ADDRESS	5300 N.W. 36 ST			3.3 STREET ADDRESS	10430 SW 112 St		
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP	Miami FL 33176		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GREENFIELD, SHARON			4.2 NAME	Hal Wechter		
STREET ADDRESS	19999 W COUNTRY CLUB DR.			4.3 STREET ADDRESS	1181 Sorrento Drive		
CITY-ST-ZIP	AVENTURA FL 33180			4.4 CITY-ST-ZIP	Weston FL 33326		
TITLE	P	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MATTHE, ELIZABETH			5.2 NAME			
STREET ADDRESS	100 SUNRISE DR, APT 30			5.3 STREET ADDRESS			
CITY-ST-ZIP	KEY BISCAYNE FL			5.4 CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BAILLY, DANETTE			6.2 NAME	Harry Taylor		
STREET ADDRESS	13175 SW 11TH LANE CIRCLE			6.3 STREET ADDRESS	7380 SW 162 St		
CITY-ST-ZIP	MIAMI FL 33184			6.4 CITY-ST-ZIP	Miami FL 33157		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 3/10/98 3059952305

CR2E037 (10/97)