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SECRETARY OF STATE
DIVISION OF CORPORATIONS

CORPORATION
ANNUAL REPORT
1995

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

95 MAR 20 PM 2:14

DOCUMENT # 739471 (1)

1. Corporation Name

FLORIDA REGIONAL MINORITY PURCHASING COUNCIL, IN C.

| Principal Place of Business | Mailing Address |
|---|---|
| 7900 NE 2 AVE<br>501<br>MIAMI FL 33138<br>US | 7900 NE 2 AVE<br>501<br>MIAMI FL 33138<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/24/1977
3a. Date of Last Report: 07/26/1994
4. FEI Number: 59-1746154 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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)

9. Name and Address of Current Registered Agent

BRUTUS, PHILLIP J., ESQ.
7900 NE 2ND AVE., SUITE 600
MIAMI FL 33138

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

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, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | SD | 1.1 TITLE | CHAIRMAN OF THE BOARD | ☒ Change ☐ Addition |
| NAME | CARTER, DONNIE | 1.2 NAME | L.D. GAINEY II CD | |
| STREET ADDRESS | 1450 NE 2ND AVE #363 | 1.3 STREET ADDRESS | 303 S.E. 17th STREET # 406 | |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY-ST-ZIP | FT. LAUDERDALE, FL 33316 | |
| TITLE | CD | 2.1 TITLE | VICE-CHAIRMAN | ☒ Change ☐ Addition |
| NAME | JOHNSON, HAL | 2.2 NAME | OTILIO CARDONA (D) | |
| STREET ADDRESS | 111 NW 1ST ST #2350 | 2.3 STREET ADDRESS | 777AMERICAN EXPRESSWAY | |
| CITY-ST-ZIP | MIAMI FL | 2.4 CITY-ST-ZIP | FT. LAUDERDALE, FL 33337 | |
| TITLE | D | 3.1 TITLE | SECRETARY | ☒ Change ☐ Addition |
| NAME | GASSETT, LORY | 3.2 NAME | JUDY S. CARTER SD | |
| STREET ADDRESS | 6451 N FEDERAL HWY #822 | 3.3 STREET ADDRESS | 1390 N.W. 20th STREET | |
| CITY-ST-ZIP | FT LAUDERDALE FL | 3.4 CITY-ST-ZIP | MIAMI, FL 33142 | |
| TITLE | D | 4.1 TITLE | TREASURER | ☒ Change ☐ Addition |
| NAME | PHILLIPS, CEASAR | 4.2 NAME | JESUS DIAZ (D) | |
| STREET ADDRESS | 6100 NW 7 AVE | 4.3 STREET ADDRESS | 1 HERALD PLAZA | |
| CITY-ST-ZIP | MIAMI FL | 4.4 CITY-ST-ZIP | MIAMI, FL 33132-1693 | |
| TITLE | D | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | FOSTER, DON | 5.2 NAME | | |
| STREET ADDRESS | 1320 SW 4 ST | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT LAUDERDALE FL | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | |

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 changed, or on an attachment with an address.

SIGNATURE L.D. Gainey II 1-26-95 (305) 757-9690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0041088