

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90133 031 \*\*\*\*70.00

0033466

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 739471**

1. Corporation Name

**FLORIDA REGIONAL MINORITY PURCHASING COUNCIL, IN  
C.**

Principal Place of Business

7750 NW 50TH ST  
BLDG F  
MIAMI FL 33166  
US

Mailing Address

7750 NW 50TH ST  
BLDG F  
MIAMI FL 33166  
US



2. Principal Place of Business

21 **600 N.W. 79TH AVE**

2a. Mailing Address

26 **600 NW 79TH AVE.**

Suite, Apt. #, etc.

22 **STE. 136**

Suite, Apt. #, etc.

27 **STE. 136**

City & State

23 **MIAMI, FL**

City & State

28 **MIAMI, FL**

Zip

24 **33126**

Country

25 **Dade, USA**

Zip

29 **33126**

Country

30 **USA**

3. Date Incorporated or Qualified

**06/24/1977**

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

9. Name and Address of Current Registered Agent

**BRUTUS, PHILLIP J., ESQ.  
645 JNE 127TH ST.  
NORTH MIAMI FL 33161**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **T**  
**GAINEY, L.D. II**  
STREET ADDRESS **1608 SE 3RD AVE STE 222**  
CITY-ST-ZIP **FT LAUDERDALE FL 33316**

TITLE ☒ DELETE

NAME **T**  
**CARDONA, OTILIO**  
STREET ADDRESS **777 AMERICAN EXPRESS WAT.**  
CITY-ST-ZIP **FT LAUDERDALE FL 33337**

TITLE ☐ DELETE

NAME **T**  
**ADDISON, CLIFTON**  
STREET ADDRESS **1 WERALD PLAZA**  
CITY-ST-ZIP **MIAMI FL 33132-1693**

TITLE ☐ DELETE

NAME **T**  
**CARTER, JUDY**  
STREET ADDRESS **300 BISCAYNE BLVD. WAY**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ DELETE

NAME **PCEO**  
**WINDELL, PAIGE**  
STREET ADDRESS **7760 N.W. 50TH ST., BLDG F**  
CITY-ST-ZIP **MIAMI FL**

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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**WINDELL, PAIGE** 2-10-99 305 260 9901

CR2E037 (1/98)