

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L15691 (3)

1. Corporation Name

ALLIED PROFESSIONAL PURCHASING ASSOCIATIONS, INC



Principal Place of Business

10300 SUNSET DR.
STE. 303
MIAMI FL 33173
US

Mailing Address

10300 SUNSET DR.
~~STE. 303~~
MIAMI FL 33173
US

3. Date Incorporated or Qualified
09/14/1989

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 10300 SUNSET DR

22 Suite, Apt. #, etc.
H 400

23 City & State

MIAMI, FL

24 Zip 33173

25 Country

2a. Mailing Address

26 10300 SUNSET DR

27 Suite, Apt. #, etc.

H 400

28 City & State

MIAMI, FL 33173

29 Zip

30 Country

4. FEI Number
65-0154500

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

10. Name and Address of New Registered Agent

KRAMER, ROBERT M.
4000 HOLLYWOOD BOULEVARD
SUITE 485 SOUTH
HOLLYWOOD FL 33021

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

Signature typed or printed name of registered agent and block if applicable

(NOTE) Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE ☐ DELETE

NAME
FINK, MORRIS
STREET ADDRESS
8306 MILLS DRIVE #246
CITY- ST- ZIP
MIAMI FL

12.2 TITLE ☐ DELETE

NAME
GELMAN, RICHARD
STREET ADDRESS
8966 SW 87TH CT
CITY- ST- ZIP
MIAMI FL

12.3 TITLE ☐ DELETE

NAME
NAHMAD, RAYMEND
STREET ADDRESS
1931 NW 53RD ST.
CITY- ST- ZIP
MIAMI FL

12.4 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

12.5 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

12.6 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY- ST- ZIP

13.5 TITLE ☐ Change ☐ Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY- ST- ZIP

13.9 TITLE ☐ Change ☐ Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY- ST- ZIP

13.13 TITLE ☐ Change ☐ Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY- ST- ZIP

13.17 TITLE ☐ Change ☐ Addition

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY- ST- ZIP

13.21 TITLE ☐ Change ☐ Addition

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY- ST- ZIP

13.25 TITLE ☐ Change ☐ Addition

13.26 NAME

13.27 STREET ADDRESS

13.28 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)(k), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)