

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00.

FILED  
Apr 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 1. Corporation Name  
**P95000008576**

**TEAM PURCHASING CENTER, INC.**

Principal Place of Business Mailing Address  
**9802 S.W. 133rd Place  
Miami, Florida 33186**

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified

|                                |    |                     |    |  |    |                              |    |    |    |
|--------------------------------|----|---------------------|----|--|----|------------------------------|----|----|----|
| 21                             | 22 | 23                  | 24 | 25   | 26 | 27                           | 28 | 29 | 30 |
| 2. Principal Place of Business |    | 2a. Mailing Address |    | 4. FLI Number  |    | Applied For                  |    |    |    |
| Suite, Apt. #, etc             |    | Suite, Apt. #, etc  |    | 65-0558731   |    | Not Applicable               |    |    |    |
| City & State                   |    | City & State        |    | 5. Certificate of Status Desired   |    | 8.75 Additional Fee Required |    |    |    |
| Zip                            |    | Country             |    | Trust Fund Contribution  |    | 5.00 May Be Added to Fees    |    |    |    |
| Country                        |    | Country             |    | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 |    | Yes No                       |    |    |    |

9. Name and Address of Current Registered Agent  
**David Singer, esq.  
13320 S.W. 128th Street  
Miami, Florida**

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 607.0602 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 \_\_\_\_\_ (NOTE: Registered Agent Signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | <b>D Michelle M. Lamarre</b> | <input type="checkbox"/> DELETE |
| NAME           | <b>same as above</b>         |                                 |
| STREET ADDRESS | <b>9802 SW 133 PL</b>        |                                 |
| CITY- ST- ZIP  | <b>Miami, FL 33186</b>       |                                 |
| TITLE          |                              | <input type="checkbox"/> DELETE |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY- ST- ZIP  |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> DELETE |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY- ST- ZIP  |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> DELETE |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY- ST- ZIP  |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> DELETE |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY- ST- ZIP  |                              |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |   |
|-------------------|---|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |   |
| 13 STREET ADDRESS |   |
| 14 CITY- ST- ZIP  |   |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |   |
| 23 STREET ADDRESS |   |
| 24 CITY- ST- ZIP  |   |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |   |
| 33 STREET ADDRESS |   |
| 34 CITY- ST- ZIP  |   |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |   |
| 43 STREET ADDRESS |   |
| 44 CITY- ST- ZIP  |   |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |   |
| 53 STREET ADDRESS |   |
| 54 CITY- ST- ZIP  |   |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |   |
| 63 STREET ADDRESS |   |
| 64 CITY- ST- ZIP  |   |

**70000250221**  
-04/28/98--01021--015  
\*\*\*150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Sect on 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 registered or trusted, empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if applicable, on an attachment with an address.

SIGNATURE: *Michelle Lamarre* 4/21/98 (305) 3851771  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr

CR2E034 (10/97)