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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR -8 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N29282** **(3)**

1. Corporation Name
AIRPORT MINORITY ADVISORY COUNCIL CORP.

Principal Place of Business	Mailing Address
4733 BETHESDA AVE SUITE 200A BETHESDA MD 20814	4733 BETHESDA AVE SUITE 200A BETHESDA MD 20814

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/15/1988
3a. Date of Last Report: 09/13/1994
4. FEI Number: 62-1398266 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

EMPIRE CORPORATE KIT COMPANY
348 WEST FLAGLER STREET
MIAMI FL 33130

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	C	1.1 TITLE	C ☒ Change ☐ Addition
NAME	JOUBERT, VINENT	1.2 NAME	Joubert, Vincent Jr. "D"
STREET ADDRESS	P.O. DRAWER 4304 N/A	1.3 STREET ADDRESS	120 W 223 STREET, UNIT 5
CITY-ST-ZIP	CARSON CA	1.4 CITY-ST-ZIP	Carson, CA 90745
TITLE	VC D	2.1 TITLE	VC ☐ Change ☐ Addition
NAME	WEST, NANCY	2.2 NAME	West, Nancy "D"
STREET ADDRESS	44 CANAL CENTER PLAZA, RM 202	2.3 STREET ADDRESS	44 Canal Center Plaza, Rm. 202
CITY-ST-ZIP	ALEXANDRIA VA 22314	2.4 CITY-ST-ZIP	ALEXANDRIA VA 22314
TITLE	VC D	3.1 TITLE	VC ☒ Change ☐ Addition
NAME	MOORE-STUMP, ELIZABETH	3.2 NAME	MOORE-STUMP, ELIZABETH "D"
STREET ADDRESS	P.O. BOX 488 N/A	3.3 STREET ADDRESS	3165 PACIFIC HIGHWAY
CITY-ST-ZIP	SAN DIEGO CA	3.4 CITY-ST-ZIP	SAN DIEGO, CA 92101
TITLE	D	4.1 TITLE	T ☒ Change ☐ Addition
NAME	DRAKE, YOVETTE	4.2 NAME	DRAKE, YOVETTE "D"
STREET ADDRESS	1021 WEST ADAMS STREET, STE. 102	4.3 STREET ADDRESS	1021 WEST ADAMS STREET, STE. 102
CITY-ST-ZIP	CHICAGO IL 60607	4.4 CITY-ST-ZIP	CHICAGO IL 60607
TITLE	D	5.1 TITLE	S ☐ Change ☐ Addition
NAME	HIRAI, SHIRLEY	5.2 NAME	HIRAI, SHIRLEY "D"
STREET ADDRESS	3165 PACIFIC HIGHWAY	5.3 STREET ADDRESS	3165 PACIFIC HIGHWAY
CITY-ST-ZIP	SAN DIEGO CA 92101	5.4 CITY-ST-ZIP	SAN DIEGO, CA 92101
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	JONES, AUDREY	6.2 NAME	AUDREY JONES "D"
STREET ADDRESS	100 N. EUCLID, SUITE 808	6.3 STREET ADDRESS	100 N. EUCLID, STE. 808
CITY-ST-ZIP	ST. LOUIS MO 63108	6.4 CITY-ST-ZIP	ST. LOUIS, MO 63108

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 if changed, or on an attachment with an address.

SIGNATURE: Yovette Drake Yovette Drake 2/10/95 (312) 421-4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Area) Phone #

607B860