

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Murrain
Secretary of State
1900 BANKERS BUILDING

FILED
MAY 1 1995
50 MAY -1 AM 8:11

DOCUMENT # 721374 (7)
1. Corporation Name
MIAMI, FLORIDA CHAPTER OF THE NATIONAL ASSOCIATION OF WOMEN IN CONSTRUCTION, INC.

Principal Place of Business Mailing Address
195 NW 139TH ST MIAMI FL 33168 195 NW 139TH ST MIAMI FL 33168

2. Principal Place of Business 25. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 12/08/1971 3a. Date of Last Report 05/01/1994
4. FEI Number 59-6152463 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

9. Name and Address of Current Registered Agent
CONRAD, KATHLEEN
MCGRAW HILL-DODGE DIVISION
8700 WEST FLAGLER STREET, #100
MIAMI FL 33174

10. Name and Address of New Registered Agent
B1 Name: MARCIA L. MORGAN
B2 Street Address (P.O. Box Number is Not Acceptable): 195 N.W. 139th Street
B3
B4 City: MIAMI FL B5 Zip Code: 33168

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: MARCIA L. MORGAN *Marcia L. Morgan* 4/21/95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
11. TITLE: P	NAME: WILKERSON, PAT STREET ADDRESS: 6955 N.W. 77TH AVE. CITY, ST, ZIP: MIAMI FL 33166	11. TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: GOMEZ ORTIZ, Deborah STREET ADDRESS: 16101 N.W. 54th Avenue CITY, ST, ZIP: Miami, FL 33014
12. TITLE: VD	NAME: MORGAN, MARCIA STREET ADDRESS: 195 N.W. 139TH ST. CITY, ST, ZIP: MIAMI FL 33168	21. TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: FRIEDMAN, Linda STREET ADDRESS: 11271 SW 88th Street #J-111 CITY, ST, ZIP: Miami, FL 33176
13. TITLE: TD	NAME: CONRAD, KATHLEEN STREET ADDRESS: 8700 WEST FLAGLER ST. CITY, ST, ZIP: MIAMI FL 33174	31. TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: TREADS MORGAN, Marcia STREET ADDRESS: 195 NW 139th Street CITY, ST, ZIP: Miami, Florida
14. TITLE: SD	NAME: FRIEDMAN, LINDA STREET ADDRESS: 11271 SW 88TH ST J111 CITY, ST, ZIP: MIAMI FL 33176	41. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: LEVINE, Linda STREET ADDRESS: 1836 NE 213th Lane CITY, ST, ZIP: North Miami Beach, FL 33179
15. TITLE: IPD	NAME: HERTSCH, CHRISTY STREET ADDRESS: 7550 STIRLING RD. STE 207C CITY, ST, ZIP: HOLLYWOOD FL	51. TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: IPP-D STREET ADDRESS: Wilkerson, Pat CITY, ST, ZIP: 6980 NW 186th Street T-3 Miami, Florida 33015
16. TITLE: D	NAME: JOHNSON, ROBERTA STREET ADDRESS: 1089 N.E. 91ST TERRACE CITY, ST, ZIP: MIAMI SHORES FL 33133	61. TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: GIANNINY, Sharon STREET ADDRESS: 4561 SW 36th Street CITY, ST, ZIP: Hollywood

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(b), 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 recipient or holder 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: *Marcia L. Morgan, Treasurer* 4/21/95
MARCIA L. MORGAN, TREASURER

305-542-7888
305-685-4226