FILE NOW! FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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DO NOT WRITE IN THIS SPACE

DOCUMENT # 770034 (7)

1. Corporation Name

ASSOCIATION OF WOMEN IN MANAGEMENT, INC.

Principal Place of Business	Mailing Address
101 WESTWARD DRIVE POST OFFICE BOX 661621 MIAMI FL 33266-1621	101 WESTWARD DRIVE P.O. OX 661621. N/A MIAMI FL 33266 US

3. Date Incorporated or Qualified: 08/30/1983
3a. Date of Last Report: 04/15/1994
4. FEI Number: 59-2139459 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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	10. Name and Address of New Registered Agent
BABETTIE PHOEBUS 12715 S.W. 115TH TERRACE MIAMI FL 33186	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, type 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	VD	11 TITLE	PD ☑ Change ☐ Addition
NAME	HENDERSON, JANE	12 NAME	Henderson Jane
STREET ADDRESS	33 NEW MONTGOMERY #1660	13 STREET ADDRESS	9999 Richmondave, Suite 160
CITY-ST-ZIP	SAN FRANCISCO CA	14 CITY-ST-ZIP	Houston, Tx 77042
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	AUSTIN, KAREN	22 NAME	
STREET ADDRESS	11231 RENAISSANCE ROAD	23 STREET ADDRESS	Same
CITY-ST-ZIP	COOPER CITY FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	FILSON, LYNDA	32 NAME	
STREET ADDRESS	419 ISOLDE DRIVE	33 STREET ADDRESS	Same
CITY-ST-ZIP	HOUSTON TX	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	PHOEHUS,BABETTE	42 NAME	
STREET ADDRESS	12715 SW 115TH TERRACE	43 STREET ADDRESS	SAme
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

AR 6/A

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: Babettie Phoebus 4/3/95 305-444-3277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Babettie Phoebus
x350

0043948