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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000003317 (2)**

1. Corporation Name

THE COUNCIL FOR THE ADVANCEMENT OF MINORITY BUSINESS INTERNATIONALLY, INC.



Principal Place of Business 1001 W. JASMINE DRIVE, SUITE J-3 BRANET SQUARE LAKE PARK FL 33403-2119	Mailing Address 1001 W. JASMINE DRIVE, SUITE J-3 BRANET SQUARE LAKE PARK FL 33403-2151
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3. Date Incorporated or Qualified 06/28/1996	3a. Date of Last Report N/A
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 65- APPLIED FOR 0682001	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent HANNA, HARLINGTON L JR, ESQ 1001 W. JASMINE DRIVE, SUITE J-3 BRANET SQUARE LAKE PARK FL 33403-2119	
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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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS		
TITLE	PC	<input type="checkbox"/> DELETE
NAME	HANNA, HARLINGTON L JR, ESQ	
STREET ADDRESS	1001 W. JASMINE DRIVE, SUITE J-3	
CITY-ST-ZIP	LAKE PARK FL 33403-2119	
TITLE	VCVC	<input type="checkbox"/> DELETE
NAME	KING, ALVIN M	
STREET ADDRESS	1215 TANGLEWOOD	
CITY-ST-ZIP	MEMPHIS TN 38115	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DEBERRY, LOIS M	
STREET ADDRESS	2429 VERDUN STREET	
CITY-ST-ZIP	MEMPHIS TN 38114	
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		
1.1 TITLE	C/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VC/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	T/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GARTH C. REEVES, SR	
4.3 STREET ADDRESS	900 N.W. 54th STREET	
4.4 CITY-ST-ZIP	MIAMI, FL 33127	
5.1 TITLE	B	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BERYL ROBERTS BURKE	
5.3 STREET ADDRESS	ROOM 1402, THE CAPITOL	
5.4 CITY-ST-ZIP	TALLAHASSEE, FL 32399-1300	
6.1 TITLE	B	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VERTAMAE GROSVENOR	
6.3 STREET ADDRESS	635 MASSACHUSETTS AVE., N.W.	
6.4 CITY-ST-ZIP	WASHINGTON D.C. 20001	

14. I do hereby certify that the information supplied with this filing 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, changed, or on an attachment with an address.

SIGNATURE: **X** **HANNA, HARLINGTON L JR** **4/26/97 (561) 842-5600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0039915**

CR2E037 (9/96)