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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

4733 BETHESDA AVE
SUITE 200A
BETHESDA MD 20814

Mailing Address

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

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

Zip

Country

29

Zip

Country

30

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

C

NAME

JOUBERT, VINCENT

STREET ADDRESS

P.O. DRAWER 4304 N/A

CITY-ST-ZIP

CARSON CA

TITLE

VC

NAME

WEST, NANCY

STREET ADDRESS

44 CANAL CENTER PLAZA, RM 202

CITY-ST-ZIP

ALEXANDRIA VA 22314

TITLE

VC

NAME

MOORE-STUMP, ELIZABETH

STREET ADDRESS

P.O. BOX 488 N/A

CITY-ST-ZIP

SAN DIEGO CA

TITLE

D

NAME

DRAKE, YOVETTE

STREET ADDRESS

1021 WEST ADAMS STREET, STE. 102

CITY-ST-ZIP

CHICAGO IL 60607

TITLE

VC

NAME

HIRAI, SHIRLEY

STREET ADDRESS

3165 PACIFIC HIGHWAY

CITY-ST-ZIP

SAN DIEGO CA 92101

TITLE

D

NAME

JONES, AUDREY

STREET ADDRESS

100 N. EUCLID, SUITE 808

CITY-ST-ZIP

ST. LOUIS MO 63108

TITLE

D

NAME

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