FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: 11/15/1988
3a. Date of Last Report: 03/08/1995

2. Principal Place of Business
21 1800 Diagonal Road
Suite, Apt. #, etc.
22 Suite 210
City & State
23 Alexandria, VA
Zip 24 22314 Country 25 USA

2a. Mailing Address
26 1800 Diagonal Road
Suite, Apt. #, etc.
27 Suite 210
City & State
28 Alexandria, VA
Zip 29 22314 Country 30 USA

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

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) 200001786802
-04/26/96--01094--003
83 ***70.00
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
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	CD	☐ DELETE	1.1 TITLE	Chair-D	☒ Change ☐ Addition
NAME	JOUBERT, VINENT		1.2 NAME	Nancy K. West	
STREET ADDRESS	120 W 223 STREET, UNIT 5		1.3 STREET ADDRESS	44 Canal Center Plaza, Suite 202	
CITY-ST-ZIP	CARSON CA		1.4 CITY-ST-ZIP	Alexandria, VA 22314	
TITLE	VCD	☐ DELETE	2.1 TITLE	First Vice Chair - D	☒ Change ☐ Addition
NAME	WEST, NANCY		2.2 NAME	Elizabeth Moore-Stump	
STREET ADDRESS	44 CANAL CENTER PLAZA, RM 202		2.3 STREET ADDRESS	3165 Pacific Highway	
CITY-ST-ZIP	ALEXANDRIA VA		2.4 CITY-ST-ZIP	San Diego, CA 92101	
TITLE	VCD	☐ DELETE	3.1 TITLE	Second Vice Chair - D	☒ Change ☐ Addition
NAME	MOORE-STUMP, ELIZABETH		3.2 NAME	Elisabeth Sheldon	
STREET ADDRESS	3165 PACIFIC HIGHWAY		3.3 STREET ADDRESS	P.O. Box 3565 (N/A)	
CITY-ST-ZIP	SAN DIEGO CA		3.4 CITY-ST-ZIP	Montgomery, AL 36109	
TITLE	TD	☐ DELETE	4.1 TITLE	Treasurer - D	☒ Change ☐ Addition
NAME	DRAKE, YOVETTE		4.2 NAME	VACANT	
STREET ADDRESS	1021 WEST ADAMS STREET, STE. 102		4.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE	Secretary - D	☒ Change ☐ Addition
NAME	HIRAI, SHIRLEY		5.2 NAME	Pattie M. Tom	
STREET ADDRESS	3165 PACIFIC HIGHWAY		5.3 STREET ADDRESS	44 Canal Center Plaza - Suite 330	
CITY-ST-ZIP	SAN DIEGO CA		5.4 CITY-ST-ZIP	Alexandria, VA 22314	
TITLE	D	☐ DELETE	6.1 TITLE	Director	☒ Change ☐ Addition
NAME	JONES, AUDREY		6.2 NAME	Michael Sullivan	
STREET ADDRESS	100 N. EUCLID, SUITE 808		6.3 STREET ADDRESS	55 Trinity Avenue, S.W., Suite 1700	
CITY-ST-ZIP	ST. LOUIS MD		6.4 CITY-ST-ZIP	Atlanta, GA 30335	

CR2E037 (12/95)

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)(k), 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: Nancy K. West 4-17-96 (703)417-8740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #