

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 # N34542 (3)

1. Corporation Name

ALLIED MINORITY CONTRACTORS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

266 NW 26TH ST
MIAMI FL 33127
US

266 N.W. 26TH STREET
MIAMI FL 33127

3. Date Incorporated or Qualified
10/04/1989

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
65-0149136

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

10. Name and Address of New Registered Agent

RASHID, ISMAILIA
266 N.W. 26TH STREET
MIAMI FL 33127

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

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 **PD** ☒ DELETE
NAME **RUCKER, JOE**
STREET ADDRESS **665 NW 151 ST**
CITY - ST - ZIP **MIAMI FL**

TITLE **ASD** ☒ DELETE
NAME **DE LEPINE, GWENDOLYN**
STREET ADDRESS **2630 S.W. 55 AVE**
CITY - ST - ZIP **HOLLYWOOD FL**

TITLE **SD** ☐ DELETE
NAME **RASHID, ISMAILIA**
STREET ADDRESS **266 N.W. 26 STREET**
CITY - ST - ZIP **MIAMI FL 33127**

TITLE **TD** ☐ DELETE
NAME **ERVIN, JAMES**
STREET ADDRESS **3100 N.W. 101 STREET**
CITY - ST - ZIP **MIAMI FL 33147**

TITLE **VD** ☐ DELETE
NAME **REED, CLIFTON JR.**
STREET ADDRESS **6600 N.W. 27 AVE.**
CITY - ST - ZIP **MIAMI FL**

TITLE **ATD** ☐ DELETE
NAME **HENNEY, IVANHOE**
STREET ADDRESS **3000 BISCAYNE BLVD.**
CITY - ST - ZIP **MIAMI FL 33137**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Vice President/Director** ☐ Change ☒ Addition
1.2 NAME **Mallard, Christopher**
1.3 STREET ADDRESS **17400 N.W. 27 Avenue**
1.4 CITY - ST - ZIP **Miami, FL 33056**

2.1 TITLE **Assistant Secretary/Director** ☐ Change ☒ Addition
2.2 NAME **Hamler, Elsie**
2.3 STREET ADDRESS **3050 Biscayne Blvd. #702**
2.4 CITY - ST - ZIP **Miami, FL 33137**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE **President/Director** ☒ Change ☐ Addition
5.2 NAME **Reed, Clifton Jr.**
5.3 STREET ADDRESS **6600 N.W. 27 Avenue**
5.4 CITY - ST - ZIP **Miami, FL 33147**

6.1 TITLE **Assistant Treasurer/Director** ☒ Change ☐ Addition
6.2 NAME **Henney, Ivanhoe**
6.3 STREET ADDRESS **7341 N.W. 32 Avenue**
6.4 CITY - ST - ZIP **Miami, FL 33147**

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:

Ismailia Rashid
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96

Date

(305)576-7700

Daytime Phone #

CR2E037 (12/95)