SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $393)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -8 PM 2:40

DOCUMENT # **N39360** **(5)**

1. Corporation Name
THE BLACK BUSINESS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6600 N.W. 27TH AVE., STE 208 MIAMI FL 33147	6600 N.W. 27TH AVE., STE 208 MIAMI FL 33147

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/03/1990
3a. Date of Last Report: 10/10/1994
4. FEI Number: 65-0413263 ☐ 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 ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

LOUISSAIN, BEATRIC
6600 NW 27TH AVE., SUITE 208
MIAMI FL 33147

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 Beatrice Louissaint B Louissain Executive Director 8/3/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	PIERSON, RANDY	1.2 NAME		
STREET ADDRESS	15251 NE 18TH AVE., #12	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33162	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	JENNINGS, KEITH	2.2 NAME		
STREET ADDRESS	OPA LOCKA AIRPORT BUILDING 406	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33054	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE		☑ Change ☐ Addition
NAME	GEORGE, CHARLES	3.2 NAME		
STREET ADDRESS	643 NE 125 ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33161	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE	TD	☑ Change ☐ Addition
NAME	JOHNSON, HAYWARD	4.2 NAME	Darryl Sharpton	
STREET ADDRESS	P.O. BOX 693864 N/A	4.3 STREET ADDRESS	15 E. 3rd Ave. suite 2100	
CITY-ST-ZIP	MIAMI FL 33126	4.4 CITY-ST-ZIP	Miami FL 33131	
TITLE	SD	5.1 TITLE		☐ Change ☐ Addition
NAME	MCNEILL, ANN	5.2 NAME		
STREET ADDRESS	6600 NW 27TH AVENUE, SUITE 202	5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33147	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E037 (3/95)

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)(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: [signature] 8/3/95 944-3922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008403