FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 JUL 12 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004016 (1)

1. Corporation Name
AFRICAN AMERICAN STUDENT FOUNDATION, INC.

Principal Place of Business	Mailing Address
1 NW 89TH ST. EL PORTAL FL 33150	1 NW 89TH ST. EL PORTAL FL 33150

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/17/1994
3a. Date of Last Report:
4. FEI Number: 65-0513448 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	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
BIEN-AIME, STANLEY 1 NW 89TH ST. EL PORTAL FL 33150	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 _____ 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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	BIEN-AIME, STANLEY	1.2 NAME	
STREET ADDRESS	1 NW 89TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	EL PORTAL FL 33150	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	D ☑ Change ☐ Addition
NAME	~~BIEN-AIME, DOMINIQUE~~	2.2 NAME	FRANK OLPHE
STREET ADDRESS	~~1 NW 89TH ST.~~	2.3 STREET ADDRESS	1 NW 89TH.
CITY-ST-ZIP	~~EL PORTAL FL 33150~~	2.4 CITY-ST-ZIP	EL PORTAL, FL 33150
TITLE	D	3.1 TITLE	D ☑ Change ☐ Addition
NAME	~~BIEN-AIME, RONALD~~	3.2 NAME	RONCO AUGUSTINE
STREET ADDRESS	1 NW 89TH ST.	3.3 STREET ADDRESS	1NW 89TH ST.
CITY-ST-ZIP	EL PORTAL FL 33150	3.4 CITY-ST-ZIP	EL. PORTAL, FL 33150
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	900001593703 Change Addition
NAME		5.2 NAME	-07/13/95--01057--023
STREET ADDRESS		5.3 STREET ADDRESS	*****70.00 *****70.00
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	TS
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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] Director 6-26-95 (305) 754-4809
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0042035