

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N94000004528 (5)**

1. Corporation Name

**NEGRO AIRMEN INTERNATIONAL FLYING CORPORATION OF  
SOUTH FLORIDA CHAPTER, INC.**



Principal Place of Business

Mailing Address

**23 BENNETT ROAD  
OPA LOCK AIRPORT  
OPA LOCKA FL 33054  
US**

**23 BENNETT ROAD  
OPA LOCK AIRPORT  
OPA LOCKA FL 33054  
US**

3. Date Incorporated or Qualified  
**09/20/1994**

3a. Date of Last Report  
**05/22/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

**65-0536324**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$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

**FLOWERS, CHARLES J  
1000 NW NORTH RIVER DRIVE  
MIAMI FL 33136**

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

**Charles J. Flowers**

**APRIL 29, 1996**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **RAFI, AHMAD**  
STREET ADDRESS **1807 NW 111 STREET**  
CITY-ST-ZIP **MIAMI FL 33167**

TITLE **D** ☐ DELETE

NAME **WHITE, THERESA**  
STREET ADDRESS **915 NW 1 AVE**  
CITY-ST-ZIP **MIAMI FL 33136**

TITLE **D** ☐ DELETE

NAME **SHANNON, FRENCH**  
STREET ADDRESS **2340 NW 72 AVE #206**  
CITY-ST-ZIP **SUNRISE FL 33313**

TITLE **D** ☐ DELETE

NAME **RENE, HODELIN**  
STREET ADDRESS **2800 DEVONWOOD AVE**  
CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE **D** ☐ DELETE

NAME **SINGLETARY, CARL**  
STREET ADDRESS **811 NW 86 AVE AVE**  
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE **D** ☐ DELETE

NAME **FLOWERS, CHARLES J**  
STREET ADDRESS **1000 N.W. NO. RIVER DR #106**  
CITY-ST-ZIP **MIAMI FL 33136**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(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: Charles J. Flowers**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**305/685-9781**

**APRIL 29, 1996**

CR2E037 (12/95)