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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N96000002791 (9)

1. Corporation Name

ALLIED MINORITY CONTRACTORS ASSOCIATION INC.- SO  
UTH FLORIDA CHAPTER OF NAMC

Principal Place of Business

Mailing Address

6600 N.W. 27TH AVENUE  
SUITE W101  
MIAMI FL 33147

6600 N.W. 27TH AVENUE  
SUITE W101  
MIAMI FL 33147-7220

3. Date Incorporated or Qualified  
05/24/1996

3a. Date of Last Report

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

☒ 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

REED, CLIFTON JR.  
6600 N.W. 27TH AVE.  
SUITE W101  
MIAMI FL 33147

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 617.1506, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME REED, CLIFTON JR  
STREET ADDRESS % 6600 N.W. 27TH AVENUE SUITE W101  
CITY-ST-ZIP MIAMI FL 33147

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME 000002307080--8  
1.3 STREET ADDRESS -09/29/97--01192--029  
1.4 CITY-ST-ZIP \*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE VD ☐ DELETE  
NAME MALLARD, CHRISTOPHER  
STREET ADDRESS % 6600 N.W. 27TH AVENUE SUITE W101  
CITY-ST-ZIP MIAMI FL 33147

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SD ☐ DELETE  
NAME RASHID, ISMALIA  
STREET ADDRESS % 6600 N.W. 27TH AVENUE SUITE W101  
CITY-ST-ZIP MIAMI FL 33147

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

TITLE SD ☐ DELETE  
NAME HAMLER, ELSIE ASST.  
STREET ADDRESS % 6600 N.W. 27TH AVENUE SUITE W101  
CITY-ST-ZIP MIAMI FL 33147

4.1 TITLE SD ☒ Change ☐ Addition  
4.2 NAME HAMLER, ELSIE - ASST.  
4.3 STREET ADDRESS % 6600 NW 27th AVENUE, SUITE W101  
4.4 CITY-ST-ZIP MIAMI, FL 33147

TITLE TD ☐ DELETE  
NAME ERVIN, JAMES  
STREET ADDRESS % 6600 N.W. 27TH AVENUE SUITE W101  
CITY-ST-ZIP MIAMI FL 33147

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE TD ☐ DELETE  
NAME HENNEY, IVANHOE ASST.  
STREET ADDRESS % 6600 N.W. 27TH AVENUE SUITE W101  
CITY-ST-ZIP MIAMI FL 33147

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 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.

CR2E037 (9/96)

A. Alan  
9/25/97

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