**FILED** 

May 10, 1999 8:00 am Secretary of State

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## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State / DIVISION OF CORPORATIONS

## DOCUMENT # N9800003029 /

1. Corporation	on Name ATIONAL AFRICAN AVIATION	ASSOCIATION, INC.						
Principal Plac	ce of Business	Mailing Address			-+			
C/O LAWREN 377 CLINT MC BOCA RATON	DORE RD	C/O LAWRENCE RAYMAN 377 CLINT MOORE RD BOCA RATON FL 33487			;			
2. Principal F	Place of Business	2a. Mailing Address	·····			3. Date incorporated or Qualifed	<del></del>	
21		26		•		05/27/1998		
Suite, Apt.	.#, etc.	Suite, Apt. #, etc.				4. FEI Number	Ap	plied For
22		27			1	65-0931586	No	Applicable
City & Star	te	City & State				5. Certificate of Status Desired		Additional equired
Zip	Country	Zip .	Cou	ntry		6. Election Campaign Financing	\$5.00	
24	25	29	30		]	Trust Fund Contribution	Added	
	<ol> <li>Name and Address of Current I</li> </ol>	Registered Agent				10. Name and Address of New Registered		
				81 Name				1.
CT CORP	ORATION SYSTEM			82 Street	Addrose	(P.O. Box Number is Not Acceptable)		<del></del>
	NE ISLAND RD			UZ CUGG	AUG: 633	(F.O. DOX Notition is not Acceptable)		
	ON FL 33324			83				
					·		· .	
				84 City		FI	85 Zip (	Code
. 11. Pursuant office or r	to the provisions of Sections 617.0502 registered agent, or both, in the State of im familiar with, and accept the oblication	and 617.1508, Florida Statute Florida. Such change was au ns of Section 617.0503. Flori	s, the a thorized da Stati	oove-named by the corpo	corporation's	tion submits this statement for the purpose of board of directors. I hereby accept the appo	changing its intment as re	registered gistered
SIGNATURE				,				
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered	Agent signature n	required who	en reinstating) DATE	··· , ,	<del></del> .
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTO	RS IN 12
TITLE	PRESIDENT	☐ DELETE	1.1 10	LE			Change	☐ Addition
NAME	NANA OHENĘ DARKO		1.2 N	ME				]
STREET ADDRESS	10133 ASHBURTON LANE		1.3 ST	REET ADDRESS	1	*-		Ì
CITY-ST-ZIP	BETHESDA, MD 20817		1.4 CT	Y-ST-ZIP				100
TITLE	VICE PRESIDENT	☐ DELETE	2.1 TI	LE .			Change	Addition
NAME	LAWRENCE RAYMAN		2.2 NA	ME				
STREET ADDRESS	1377 CLINT MOORE ROA	D	2357	REET ADDRESS	<b>,</b>	and the second second second second second		
CITY-ST-ZIP	BOCA RATON, FL 33487	•	2.40	TY-ST-ZIP				
TITLE	SECRETARY	☐ DELETE	3.1 111				[] Change	Addition
NAME	PAUL WELLER		32 NA	ME		·	=	
STREET ADDRESS	14600 - 0000000 1000		3.3 \$1	REET ADDRESS	1	•		
CITY-ST-ZIP	WASHINGTON, DC 20006			ry-st-zip	<b>\</b>			1
TITLE	DIRECTOR	☐ DELETE	4.1 TT		<del>                                     </del>		Change	☐ Addition
NAME	ETHAN ALPERT		4.2 N	· · · · · · · · · · · · · · · · · · ·	<u> </u>	•	_ ;.	_
STREET ADDRESS	1377 CLINT MOORE ROA	D	1	REET ADDRESS	'			ļ
COV CT TO	ROCA PATON EL 33/87		7.001		İ			

14. I 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 trusted employeered 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 other sixe empowered.

6.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS.

CITY-ST-ZIP

DIRECTOR

DIRECTOR

ROBERT CASHDOLLAR

WASHINGTON, DC 20006

1312 MORTGATE SQUARE

DR. KOBINAH ATOBRA

RESTON, VA 22090

1629 K STREET NW, SUITE 1100

DELETE

DELETE

☐ Change

Change

Addition

Addition

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

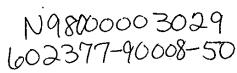
Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9800003029

INTERNATIONAL AFRICAN AVIATION ASSOCIATION, INC.

Principal Place of Business
C/O LAWRENCE RAYMAN
377 CLINT MOORE RD
BOCA RATON FL 33487

Mailing Address C/O LAWRENCE RAYMAN 377 CLINT MOORE RD **BOCA RATON FL 33487** 



2 OF 2

3 10015585 610 10105 10119 80151 80161 8811 00151 60100 11[1] \$	5785 LUBES (UST 1881)

2. ⋅ ϝ	Principal Place of Business	2a. Mailing Address	···	3. Date incorporated or Qualifed				
21		26	a .		05/27/1998			
	Suite, Apt. #, etc.	Suite, Apt. #, etc.			4. FEI Number		Applied For	
22		27			65-0931586	<u> </u>	Not Applicable	
C	City & State	City & State		***		- \$8.7	5 Additional	
23		28			5. Certificate of Status Desired Fee Required			
	ip Country	Zip	Countr	ry .	6. Election Campaign Financing	\$5.(	00 May Be	
24	25	29	30		Trust Fund Contribution		ed to Fees	
	9. Name and Address of 0	Current Registered Agent			10. Name and Address of New Re	gistered Agent		
		•	8.	1 Name				
C1	T CORPORATION SYSTEM	•	82	2 Street Adds	ess (P.O. Box Number is Not Acceptab	da)		
12	200 S PINE ISLAND RD	•	.	- 0.0001710011	oss (r.o. box nomor is not not place	,		
PŁ	ANTATION FL 33324		83	3				
		*	-	4 00		·		
			. 84	City		FL  85   Z	ip Code	
71.	Pursuant to the provisions of Sections 61	7.0502 and 617.1508, Florida Sta	atutes, the above	ve-named corpo	oration submits this statement for the pu		its registered	
(	office or registered agent, or both, in the agent. I am familiar with, and accept the	State of Florida. Such change wa	s authorized by	the corporation	on's board of directors. I hereby accept	the appointment as	registered	
		congations of, cocacit of theory,	· · · · · · · · · · · · · · · · · · ·	<b>3.</b>				
SIGN	NATURE Signature, typed or printed name of registe	red agent and title if applicable. (N	OYE: Registered Age	ent signature required	when reinstating)	DATE		
12.		RS AND DIRECTORS	13.	•	ADDITIONS/CHANGES TO OFFI		TORS IN 12	
TITLE	DIRECTOR	☐ DELETE	1.1 TILE			☐ Chang		
NAME	BARRY L. VALENT	INE	1.2 NAME	i			, <u> </u>	
STREE	TADORESS 6B2 SPA CREEK L	ANDING		TADORESS				
CITY-S	AND A DOT TO A DO O		1.4 CITY-5					
TITLE		☐ DELETE	21 TILE	11-24		[] Chang	e Addition	
NAME		•	2.2 NAME	4		<u> </u>		
STREE	TADORESS			TADDRESS	والمعارف والمسترا بهويت	٠.		
CITY-S	i		2.4 CITY-	,	•			
TITLE		☐ DELETE	3.1 TILE	51-ZIF		Chang	e Addition	
NAME			32 NAME		•		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	TADORESS			TADORESS				
CITY-S								
TITLE	1.54	☐ DELETE	3.4. CITY-5	31-44		☐ Chang	e Addition	
NAME		1	4.2 NAME					
	ADDRESS						ļ	
CITY-ST	• • • • • • • • • • • • • • • • • • • •			TADDRESS	•		. [	
TITLE	1-A#	☐ DELETE	4.4 CITY-S 5.1 TITLE	51-ZIP	**************************************	☐ Chang	e Addition	
NAME			5.7 HILE 5.2 NAME	İ	•	chang	e Clwonou	
	TADDRESS			TADDRESS			}	
	, .						. ]	
CITY-ST	1-ΔΡ'	☐ DELETE	5.4 CITY-S 6.1 TITLE	1-41	· · · · · · · · · · · · · · · · · · ·			
		□ DETE IE	•			Chang	e Addition	
NAME			6.2 NAME					
	TADDRESS			TADORESS			1	
CITY, 91	ד_סול_ד.		84 CTY-S	7.70				

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SIGNATURE: