


FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90068 031 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000003030					
1. Corporation Name INTERNATIONAL AFRICAN TRANSPORTATION & TELECOMMUNICATIONS ASSOCIATION, INC.					
Principal Place of Business C/O LAWRENCE RAYMAN 1377 CLINT MOORE RD BOCA RATON FL 33487			Mailing Address C/O LAWRENCE RAYMAN 1377 CLINT MOORE RD BOCA RATON FL 33487		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/27/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0930449	
24 Country		29 Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
				FL	

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PRESIDENT	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	NANA OHENE DARKO			1.2 NAME			
STREET ADDRESS	10133 ASHBURTON LANE			1.3 STREET ADDRESS			
CITY-ST-ZIP	BETHESDA, MD 20817			1.4 CITY-ST-ZIP			
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LAWRENCE RAYMAN			2.2 NAME			
STREET ADDRESS	1377 CLINT MOORE ROAD			2.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33487			2.4 CITY-ST-ZIP			
TITLE	SECRETARY	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PAUL WELLER			3.2 NAME			
STREET ADDRESS	1629 K STREET NW, SUITE 1100			3.3 STREET ADDRESS			
CITY-ST-ZIP	WASHINGTON, DC 20006			3.4 CITY-ST-ZIP			
TITLE	DIRECTOR	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ETHAN ALPERT			4.2 NAME			
STREET ADDRESS	1377 CLINT MOORE ROAD			4.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33487			4.4 CITY-ST-ZIP			
TITLE	DIRECTOR	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ROBERT CASHDOLLAR			5.2 NAME			
STREET ADDRESS	1629 K STREET NW, SUITE 1100			5.3 STREET ADDRESS			
CITY-ST-ZIP	WASHINGTON, DC 20006			5.4 CITY-ST-ZIP			
TITLE	DIRECTOR	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DR. KOBINAH ATOBRA			6.2 NAME			
STREET ADDRESS	1312 MORTGATE SQUARE			6.3 STREET ADDRESS			
CITY-ST-ZIP	RESTON, VA 22090			6.4 CITY-ST-ZIP			

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

N98000003030
602376-90008-49

0040871

DOCUMENT # N98000003030

1. Corporation Name

INTERNATIONAL AFRICAN TRANSPORTATION & TELECOMMUNICATIONS ASSOCIATION, INC.

Principal Place of Business

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1377 CLINT MOORE RD
BOCA RATON FL 33487

Mailing Address

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21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0930449	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
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Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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TITLE	DIRECTOR <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRY L. VAENTINE	1.2 NAME	
STREET ADDRESS	6B2 SPA CREEK LANDING	1.3 STREET ADDRESS	
CITY-ST-ZIP	ANNAPOLIS, MD 21403	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)