FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Mar 10 1997 8:00am

Secretary of State

Daysine Phone # 0029206

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(3)

RAHAMIAN	AMFRICAN	FEDERATION.	INC.

O 7 (7 7 2 1 1 1							
Principal Place	of Business	Mailing Address				III OFOEI OIBEI OIOIL O	IN IE WEDDE WENDE ONNE
P.O. BOX 37086 MIAMI FL 33137	2	P.O. BOX 370862 MIAMI FL 33137-0862					
					3. Date Incorporated or Qualified 07/27/1967	3a. Date of L 03/06	/1996
2. Principal Pla 21	ace of Business	2a. Mailing Address			4. FEI Number 59-1803351	}-	Applied For Not Applicable
Suite, Apl #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.	75 Additional
22		27			5. Certificate of Status Desired	·-·· }·	ee Required
City & State)	City & State			Election Campaign Financing Trust Fund Contribution		.00 May Be
23 Z _{IP}	Country	28 Zip	Cou	intry	This corporation has liability for it		
24	25	29	30		Florida Statutes	Yes 🕱 No	
	9. Name and Address of Curre	nt Registered Agent		A21 11	10. Name and Address of New Re	gistered Agent	
				81 Name			
MOSS, JAMES M. 1357 N.W. 70TH ST.			82 Street Addr	ess (P.O. Box Number is Not Acceptable)			
	. 33137-7 8 62			83	· · · · · · · · · · · · · · · · · · ·		
MIMMI I E	10010111902			84 City			Zip Code
						- FL	,
11. Pursuant to office or re	o the profesions of Sections 617.05 gastered each or both, in the Stat	02 and 617.1508, Florida Sta e <u>of Florida, Such</u> change wa	itutes, the a as authorize	bove-named corp d by the corporat	poration submits this statement for the prior's board of directors. I hereby accept	urpose of chang at the appointme	ing its registered intered in
agent. I ar	n taphilal with and accent the abil	gations of, Section 617.0503,	Florida Sta	lutes.	2.1	~ - Q]	
SIGNATURE _	Southful Doed or winted dume of recistered a	gent and title if applicable. (I	NOTE Registere	d Agent signature requit	ed when reinstating)	DATE	
12. /		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRE	CTORS IN 12
TITLE	P / -	DELETE	1.1 Ti	TLE		Ch	ange Addition
NAME	MOSS, JAMES M		12 N	AME			
STREET ADDRESS	1357 NW 70TH ST			TREET ADDRESS			
CITY-\$1-ZIP	MIAMI, FL 00000	[] DELETE		ITY-ST-ZIP	-	Ch	ange Addition
TITLE NAME	s Chisholm, Herbert	L. DELETE	2.1 T) 2.2 N			U. ()	ange
STREET ADDRESS	900 NE 209TH TERR.			TREET ADORESS			
CITY - S1 - ZIP	MIAMI, FL 0			CITY - ST - ZIP			
TOLE	T	DELETE	3.1 1	TLE		Ch	ange 🔲 Addition
NAME	Moss, Luther H.		3.2 N	AME			
STREET ADDRESS	261 NW 55 ST			TREET ADDRESS			
CITY-ST-ZIP	MIAMI FL	DELETE	3.4. C	CITY-ST-ZIP		☐ Ch	ange
TITLE NAME	D Anderson, Mildred	- Dictit	4.21			 0//	
STREET ADDRESS	1023 NW 46TH ST.			TREET ADDRESS			
CITY - ST - ZIP	MIAMI, FL 00000			ITY-ST-ZIP			
TITLE	D	DELETE	5.1 T	TLE		☐ Ch	ange Addition
NAME	BOWE, FREDDY		5.2 N	AME			
STREET ADDRESS	5141 NW 2ND AVE.			Treet Address			
CITY-ST-ZIP	MIAMI, FL 00000	☐ DELETE		ITY-ST-ZIP		☐ Ch	nange Addition
TITLE	D SAULTANAS TAMET		6.1 T 6.2 N			v ا	mayo had rounds
NAME STREET ADORESS	WILLIAMS, JANET 7401 N. W. 3RD AVENUE ,		1	TREET ADDRESS			
CITY-ST-ZIP	MIAMI FL	1	B	ITY-ST-ZIP			
14 Ldo bareh	w cortily that the information event	ed with this filing does not a	alify for the	exemption state	d in Section 119.07(3)(i), Florida Statute	s. I further certify	y that the
information I am an of appears in	n indicated on this annualized of the fifteer or director of the corporation in Block 12 or Block 13 if changes.	or the receiver or trustee emp of on an attachment with an	oowered to (address.	execute this repo	t my signature shall have the same legant as required by Chapter 617, Florida S	statutes; and tha	t my name
SIGNAT	URE: XIII N	ASSO DIZ	WILL	7.1H (1430) [7.0.11.00m	~ <i>UI</i> 1	

NING OFFICER OR DIRECTOR