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**Apr 01 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 713125 (3)

1. Corporation Name
BAHAMIAN AMERICAN FEDERATION, INC.



Principal Place of Business P.O. BOX 370662 MIAMI FL 33137	Mailing Address P.O. BOX 370662 MIAMI FL 33137
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3. Date Incorporated or Qualified 07/27/1967	
4. FEI Number 59-1809951-59-1803551	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29
25	30

9. Name and Address of Current Registered Agent

**MOSS, JAMES M.
1357 N.W. 70TH ST.
MIAMI FL 33137-7862**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
P	MOSS, JAMES M		
	1357 NW 70TH ST		
	MIAMI, FL 00000		
S	CHISHOLM, HERBERT		
	900 NE 209TH TERR.		
	MIAMI, FL 0		
T	MOSS, LUTHER H.		
	261 NW 55 ST		
	MIAMI FL		
D	ANDERSON, MILDRED		
	1023 NW 46TH ST.		
	MIAMI, FL 00000		
D	BOWE, FREDDY		
	5141 NW 2ND AVE.		
	MIAMI, FL 00000		
D	WILLIAMS, JANET		
	7401 N. W. 3RD AVENUE		
	MIAMI FL		

2.1 TITLE	
2.2 NAME	LUTHER SIMONETTE
2.3 STREET ADDRESS	801 NW 3RD TERRACE
2.4 CITY-ST-ZIP	HALLANDALE, FL 33009
3.1 TITLE	
3.2 NAME	WILLIAM DANIELS
3.3 STREET ADDRESS	1301 EAST BROWARD BLVD
3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
4.1 TITLE	D
4.2 NAME	EDDY PERQUIN
4.3 STREET ADDRESS	3188 NW 15TH STREET
4.4 CITY-ST-ZIP	OPA LOCKA, FL 33054
5.1 TITLE	D
5.2 NAME	SHERI MOSS
5.3 STREET ADDRESS	270 N.W. 81ST. STREET
5.4 CITY-ST-ZIP	MIAMI, FL 33150
6.1 TITLE	
6.2 NAME	DALPHONSO TAYLOR
6.3 STREET ADDRESS	17320 NW 22ND AVE
6.4 CITY-ST-ZIP	MIAMI, FL 33056

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(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.

SIGNATURE: **JAMES M. MOSS** 3-22-98 - (305) 464-4374

CR2E037 (10/97)