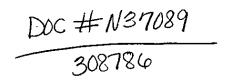
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Danci-Equired

7/3/00 305 247-004



To: Florida Department of State

From: Antigua Barbuda Association Of Florida Inc.

Subject: Request for FEI Number

July 24, 2000

RE: N37089

Please see the requested information enclosed.

	٠ ـ
Your Telephone Number	Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.
Best Time to Call	any correspondence r account. Please your name or addres:
TEE	•

0716830485

CP 575 L

65-1021683

INTERNAL REVENUE SERVICE ATLANTA GA 39901

Man -SE

FRI 2

ANTIGUA INC FLORIDA INC 7 LEON FRANCIS PO BOX 970536 PO BOX 970536 ANTIGUA & BARBUDA ASSOCIATION OF