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Jun 25 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 # N41316 (3)
1. Corporation Name
AFROCONAMORE, INC.



Principal Place of Business 8200 SOUTHWEST 140TH AVENUE MIAMI FL 33183	Mailing Address P.O. BOX 832891 MIAMI FL 33182 US
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3. Date Incorporated or Qualified 12/14/1990		
4. FEI Number 65-0279996	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21 19625 S.W. 99th Court Suite, Apt. #, etc. 22 Miami, Florida City & State 23 Zip 33157 Country US	2a. Mailing Address 26 19625 S.W. 99th Court Suite, Apt. #, etc. 27 Miami, Florida City & State 28 Zip 33157 Country US
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5. Certificate of Status Desired <input 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 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 type="checkbox"/> No

9. Name and Address of Current Registered Agent SELMORE, VERA B. 8200 SOUTHWEST 140TH AVENUE MIAMI FL 33183	
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10. Name and Address of New Registered Agent	
81 Name Myrtle Wooten	
82 Street Address (P.O. Box Number is Not Acceptable) 19625 S.W. 99th Court	
83 City Miami	
84 State FL	85 Zip Code 33157

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: *Myrtle C. Wooten - DT* DATE: *June 6, 1998*

Signature of principal place of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DT	<input checked="" type="checkbox"/> DELETE	1.1 TITLE DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HUNIGAN, DOROTHY		1.2 NAME Desdemona Coleman	
STREET ADDRESS 15813 S.W. FAIRWAY BLVD.		1.3 STREET ADDRESS 10192 S.W. 200th Terrace	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP Miami, Florida 33189	
TITLE DBM	<input checked="" type="checkbox"/> DELETE	2.1 TITLE DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SELMORE, VERA B.		2.2 NAME Mary Howell	
STREET ADDRESS 8200 S.W. 140TH AVENUE		2.3 STREET ADDRESS 11220 S.W. 164th Street	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP Miami, Florida 33157	
TITLE DP	<input checked="" type="checkbox"/> DELETE	3.1 TITLE DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WOOTEN, MYRTLE		3.2 NAME Myrtle Wooten	
STREET ADDRESS 19625 S.W. 99TH COURT		3.3 STREET ADDRESS 19625 S.W. 99th Court	
CITY-ST-ZIP MIAMI FL		3.4 CITY-ST-ZIP Miami, Florida 33157	
TITLE DS	<input checked="" type="checkbox"/> DELETE	4.1 TITLE DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DAVIS, GWENDOLYN		4.2 NAME Carol Bynum	
STREET ADDRESS 16910 S.W. 109TH AVENUE		4.3 STREET ADDRESS 13715 S.W. 176th Street	
CITY-ST-ZIP MIAMI FL		4.4 CITY-ST-ZIP Miami Florida 33177	
TITLE DP	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOWELL, MARY		5.2 NAME	
STREET ADDRESS 11220 SW 164 ST		5.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		5.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SELMORE, VERA B.		6.2 NAME	
STREET ADDRESS 8200 SW 140 AVE.		6.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		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.

SIGNATURE: *Myrtle Wooten* *Myrtle C. Wooten* *June 6, 1998*

CR2E037 (1097)