

FILE NOW: FILING FEE IS \$61.25

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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000003480 (9)**
1. Corporation Name
EDO ASSOCIATION OF FLORIDA INCORPORATED



Principal Place of Business 17220 NW 47 AVENUE MIAMI FL 33055	Mailing Address 17220 NW 47 AVENUE MIAMI FL 33055-4269
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3. Date Incorporated or Qualified 11/28/1994	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 18350 N.W. 2 AVE Suite, Apt. #, etc. 22 #401 City & State 23 MIAMI, FLORIDA Zip 24 33169	2a. Mailing Address 25 P.O. BOX 69-4413 Suite, Apt. #, etc. 27 City & State 28 MIAMI, FL 33269-1433 Zip 29 33169	Country 25 USA 30 U.S.A.
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4. FEI Number 65-0550278	Applied For Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
IGBINOBA, VICTOR O
17220 NW 47 AVENUE
MIAMI FL 33055

10. Name and Address of New Registered Agent
81 Name PHILIP OVIASOGIE
82 Street Address (P.O. Box Number is Not Acceptable)
18350 N.W. 2 AVE #401
83
84 City MIAMI FL 85 Zip Code 33169

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: *Philip Oviasogie* (NOTE: Registered Agent signature required when reinstating) DATE: 4-28-97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	IGBINOBA, VICTOR	
STREET ADDRESS	17220 NW 47 AVENUE	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	OVIASOGIE, PHILIP	
STREET ADDRESS	3404 SHERATON PLACE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ENOGIERU, SUNDAY	
STREET ADDRESS	9811 BOSQUE LANE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	IGBINOBA, SUNDAY	
STREET ADDRESS	8420 MIRAMAR PARKWAY	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PHILIP OVIASOGIE
2.3 STREET ADDRESS	18350 N.W. 2 AVE #401
2.4 CITY-ST-ZIP	MIAMI, FL. 33169.
3.1 TITLE	VICE PRESIDENT VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SUNDAY ENOGIERU
3.3 STREET ADDRESS	9811 BOSQUE LANE
3.4 CITY-ST-ZIP	MIRAMAR, FL 33025
4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VICTOR OMOBUYI
4.3 STREET ADDRESS	2635 N.W. 205th street
4.4 CITY-ST-ZIP	MIAMI, FL 33056
5.1 TITLE	SPEAKER SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ABDUL GIWA-OSAGIE
5.3 STREET ADDRESS	7300 GRANDVIEW BLVD.
5.4 CITY-ST-ZIP	MIRAMAR, FL. 33023
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: *Philip Oviasogie* (NOTE: Registered Agent signature required when reinstating) DATE: 4/28/97 (305) 654-1264 Daytime Phone # 0025053

CR2E037 (9/96)