

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000005236 (1)**

1. Corporation Name
HYBRID INVESTMENT CORP.



Principal Place of Business: **C/O OLUWOLE ALLE, 1940 N.W. 119TH STREET, # 822, MIAMI FL 33167**
Mailing Address: **C/O OLUWOLE ALLE, 1940 N.W. 119TH STREET, # 822, MIAMI FL 33167**

3. Date Incorporated or Qualified: **01/17/1995** 3a. Date of Last Report

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

4. FEI Number: **65-0553639** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. Yes No

9. Name and Address of Current Registered Agent
**AKPODIETE, ALEXANDER O
44 W. FLAGLER STREET
SUITE 2050
MIAMI FL 33130**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	AJAGBE, AUGUSTINE O	<i>President</i>
STREET ADDRESS	9505 S.W. 136TH ST.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALLE, OLUWOLE	<i>Secretary General</i>
STREET ADDRESS	1940 N.W. 119TH ST., # 822	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KASHIMAWO, LUTI	<i>Financial Secretary</i>
STREET ADDRESS	5364 N.E. 3RD AVE., APT. 4	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ADELEKE, MARY M	<i>Executive President</i>
STREET ADDRESS	6281 S.W. 196 CT.	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOLAPO, LARRY	<i>Treasurer</i>
STREET ADDRESS	1031 N.W. 202 ST.	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ADEUGA, LAWRENCE A	<i>Public Relations Officer</i>
STREET ADDRESS	34 N.W. 95TH ST.	
CITY-ST-ZIP	MIAMI SHORES FL 33150	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Matthew Ojo
4.3 STREET ADDRESS	11386 Sw, 3rd Street
4.4 CITY-ST-ZIP	Pembroke Pines, Pembroke, FL 33025
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	600001848536
5.3 STREET ADDRESS	-06/03/96--01063--002
5.4 CITY-ST-ZIP	***25.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	200001848532
6.3 STREET ADDRESS	-06/03/96--01063--001
6.4 CITY-ST-ZIP	***208.75

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or as an attachment with an address.

SIGNATURE: *[Signature]* **AUGUSTINE AJAGBE, PRESIDENT** 2/1/96 (305) 593-8233

CR2E034 (12/95)