

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000007804

Entity Name: DIKENAFI INDIGENES, USA INC**Current Principal Place of Business:**17355 SW 33RD COURT
MIRAMAR, FL 33029**Current Mailing Address:**17355 SW 33RD COURT
MIRAMAR, FL 33029**FEI Number:** 47-1655332**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EZEWIKE, FIDELIS I SR
17355 SW 33RD COURT
MIRAMAR, FL 33029 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	SEC
Name	OHIAERI, ADOLPHUS
Address	17355 SW 33RD COURT
City-State-Zip:	MIRAMAR FL 33029

Title	T
Name	BRAIDE, MARGARETE
Address	19183 NW 78 CT
City-State-Zip:	HIALEAH FL 33015

Title	FNS
Name	OKPARA, ANTHONY
Address	17355 SW 33RD COURT
City-State-Zip:	MIRAMAR FL 33029

Title	PRO
Name	DURU, DAN E
Address	17355 SW 33RD COURT
City-State-Zip:	MIRAMAR FL 33029

Title	PROVOST
Name	EMEREONYE , HELEN
Address	17355 SW 33RD COURT
City-State-Zip:	MIRAMAR FL 33029

Title	VP
Name	OBIH, ANDREW UZOMA
Address	17355 SW 33RD COURT
City-State-Zip:	MIRAMAR FL 33029

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANTHONY OKPARA**FINANCIAL SECRETARY****04/27/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date