

FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Apr 25 1997 8:00am Secretary of State	
DOCUMENT # M52307 (9)					
1. Corporation Name CALL OF AFRICA, INC.					
Principal Place of Business 805 E. LAS OLAS BLVD. 2ND FLR FT LAUDERDALE FL 33301 US		Mailing Address 805 E. LAS OLAS BLVD. 2ND FLR FT LAUDERDALE FL 33301-2224 US			
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/19/1987	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report 05/09/1996	
22 City & State		27 City & State		4. FEI Number 59-2808322	
23 Zip		28 Zip		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	
FRED HOFFMEIER 5101 NW 21ST AVE. STE. 330 FT. LAUDERDALE FL 33309		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City		85 Zip Code FL	
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP P PARKER, ROSS 1617 SE 1ST STREET FT LAUDERDALE FL			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP ☐ Change ☐ Addition		
2.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP ☐ Change ☐ Addition		
3.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP ☐ Change ☐ Addition		
4.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP ☐ Change ☐ Addition		
5.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP ☐ Change ☐ Addition		
6.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP ☐ Change ☐ Addition		
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
4/17/97 954-963-0168 Date Daytime Phone					

CR2E034 (9/96)