

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000382

FILED
Jul 08, 2004
Secretary of State

Entity Name: AFRICAN LINK MULTICULTURAL ARTS EDUCATION CENTER INC.

Current Principal Place of Business:

738 NW 62 STREET
MIAMI, FL 33150

New Principal Place of Business:

Current Mailing Address:

738 NW 62 STREET
MIAMI, FL 33150

New Mailing Address:

FEI Number: 02-0559081

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISSAC, LESLIE
738 NW 62 STREET
MIAMI, FL 33150 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: YOUNG, HUGO
Address: 738 NW 62 STREET
City-St-Zip: MIAMI, FL 33150

Title: SD () Delete
Name: SMITH, DAMON
Address: 738 NW 62 STREET
City-St-Zip: MIAMI, FL 33150

Title: TD () Delete
Name: ISSAC, LESLIE
Address: 6217 N W 7 STREET
City-St-Zip: MIAMI, FL 33150

Title: D () Delete
Name: REDDICK, GERALD
Address: 738 NW 62 STREET
City-St-Zip: MIAMI, FL 331504332

Title: D () Delete
Name: YOUNG, ALPHA
Address: 755 NW 59 ST
City-St-Zip: MIAMI, FL 33128

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HUGO YOUNG

PD

07/08/2004

Electronic Signature of Signing Officer or Director

Date