FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N26575 (3)

1. Corporation Name
AFRICAN HERITAGE FOUNDATION, INC.

Principal Place of Business
15800 NW 42ND AVE.
MIAMI FL 33054

Mailing Address
15800 NW 42ND AVE.
MIAMI FL 33054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/24/1988
3a. Date of Last Report: 06/24/1994
4. FEI Number: 65-0449336 — 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent
WILLIAMS, THOMASINA
2600 DOUGLAS RD.
SUITE 1102
CORAL GABLES FL 33134

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
Signature, typed or printed name of registered agent and title if applicable
NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	C
NAME	HAYNES, ULRICK
STREET ADDRESS	8 BROOKWOOD LANE
CITY-ST-ZIP	WESTON CO 06883
	Replaced by →
TITLE	DP
NAME	GARY, ANTONIA
STREET ADDRESS	1605 NW 8TH TERRACE
CITY-ST-ZIP	MIAMI FL 33125
	Replaced by →
TITLE	T
NAME	MEEK, CARIE
STREET ADDRESS	6830 NW 28TH AVE.
CITY-ST-ZIP	MIAMI FL 33147
	Replaced by →
TITLE	DS
NAME	FIELDS, DOROTHY
STREET ADDRESS	5400 NW 22ND AVE.
CITY-ST-ZIP	MIAMI FL 33142
	Replaced by →
TITLE	D
NAME	AUGUSTE, ANTOINE (1) still Director
STREET ADDRESS	10261 SW 164TH TERRACE
CITY-ST-ZIP	MIAMI FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — DATE

11 TITLE	CHAIRPERSON	☒ Change ☐ Addition
12 NAME	WILLIAMS, LILLIE	
13 STREET ADDRESS	1180 NW 50th ST; MIAMI, FL 33127	
14 CITY-ST-ZIP		
21 TITLE	(2) PRESIDENT (DP)	☒ Change ☐ Addition
22 NAME	DR. LABADIE, ROBERT	
23 STREET ADDRESS	8825 SW 161st ST; MIAMI, FL 33157	
24 CITY-ST-ZIP		
31 TITLE	VICE-PRESIDENT	☒ Change ☐ Addition
32 NAME	APPOLON, ALIX	
33 STREET ADDRESS	9197 SW 128th LANE	
34 CITY-ST-ZIP	MIAMI, FL 33176	
41 TITLE	(3) SECRETARY (DS)	☒ Change ☐ Addition
42 NAME	GIBSON, SHIRLEY	
43 STREET ADDRESS	251 NW 196th ST	
44 CITY-ST-ZIP	MIAMI, FL 33169.	
51 TITLE	TREASURER	☒ Change ☐ Addition
52 NAME	BREWSTER, ANABEL	
53 STREET ADDRESS	9747 SW 134th TERRACE	
54 CITY-ST-ZIP	MIAMI, FL 33176.	
61 TITLE	Asst. SECRETARY	☒ Change ☐ Addition
62 NAME	Mr. Joseph Cook	
63 STREET ADDRESS	1311 NW 170th ST	
64 CITY-ST-ZIP	Miami, FL. 33056	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 changed, or on an attachment with an address.

SIGNATURE: _____ ANTOINE AGUSTE 305-626-3104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date