

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 MAR 27 PM 3: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N26575 (3)
1. Corporation Name
AFRICAN HERITAGE FOUNDATION, INC.

Principal Place of Business Mailing Address
15800 NW 42ND AVE. 15800 NW 42ND AVE.
MIAMI FL 33054 MIAMI FL 33054-6155

3. Date Incorporated or Qualified 05/24/1988 3a. Date of Last Report 04/03/1996
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, THOMASINA
2800 DOUGLAS RD.
SUITE 1102
CORAL GABLES FL 33134

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE ☐ DELETE
NAME TRIBIER, DR MIREILLE
STREET ADDRESS 9627 SW 142ND CT
CITY-ST-ZIP MIAMI FL
TITLE ☐ DELETE
NAME LABADIE, ROBERT
STREET ADDRESS 8825 SW 161ST ST
CITY-ST-ZIP MIAMI FL
TITLE ☐ DELETE
NAME APPOLON, ALIX
STREET ADDRESS 9197 SW 128TH LANE
CITY-ST-ZIP MIAMI FL
TITLE ☐ DELETE
NAME GIBSON, SHIRLEY
STREET ADDRESS 251 NW 196TH ST
CITY-ST-ZIP MIAMI FL
TITLE ☐ DELETE
NAME COOK, JOSPEH
STREET ADDRESS 1831 NW 170TH TERR
CITY-ST-ZIP MIAMI FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE President - Director ☒ Change ☐ Addition
2.2 NAME LABADIE, ROBERT
2.3 STREET ADDRESS 8825 SW 161ST
2.4 CITY-ST-ZIP MIAMI FL
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Secretary - Director ☒ Change ☐ Addition
4.2 NAME GIBSON, SHIRLEY
4.3 STREET ADDRESS 251 NW 196TH ST
4.4 CITY-ST-ZIP MIAMI FL
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Executive - Director ☒ Change ☐ Addition
6.2 NAME Antoine Auguste
6.3 STREET ADDRESS 10320 SW 144th Ct
6.4 CITY-ST-ZIP Miami FL

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

SIGNATURE:

ANTOINE AUGUSTE

(305) 626-3104

CR2E037 (9/96)