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FILED  
Apr 14 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

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**

3. Date Incorporated or Qualified

**05/24/1988**

4. FEI Number

**65-0449336**

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIAMS, THOMASINA**  
**2600 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

T ☐ DELETE  
NAME **TRIBIER, DR MIREILLE**  
STREET ADDRESS **9627 SW 142ND CT**  
CITY-ST-ZIP **MIAMI FL**

PD ☐ DELETE  
NAME **LABADIE, ROBERT**  
STREET ADDRESS **8825 SW 161ST ST**  
CITY-ST-ZIP **MIAMI FL**

VP ☐ DELETE  
NAME **APPOLON, ALIX**  
STREET ADDRESS **9197 SW 128TH LANE**  
CITY-ST-ZIP **MIAMI FL**

SD ☐ DELETE  
NAME **GIBSON, SHIRLEY**  
STREET ADDRESS **251 NW 196TH ST**  
CITY-ST-ZIP **MIAMI FL**

AS ☐ DELETE  
NAME **COOK, JOSPEH**  
STREET ADDRESS **1831 NW 170TH TERR**  
CITY-ST-ZIP **MIAMI FL**

ED ☐ DELETE  
NAME **AUGUSTE, ANTOINE**  
STREET ADDRESS **10320 S.W. 144 COURT**  
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, unchanged, or on an attachment with an address.

SIGNATURE:

*Antoine Auguste*

4/2/98

CR2E037 (10/97)