

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 15, 1999 8:00 am
Secretary of State

05-15-1999 90024 013 ****70.00

DOCUMENT # N26575

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/24/1988

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

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 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

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

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

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/99

(305) 626-3104

Date

Daytime Phone #

CR2E037 (11/98)