

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 APR 24 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N37358 (1)

1. Corporation Name

THE NIGERIAN AMERICAN OF YORUBALAND, INC.

Principal Place of Business

Mailing Address

4120 NW 186 STREET
MIAMI FL 33055

4120 NW 186 STREET
MIAMI FL 33055

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/30/1990** 3a. Date of Last Report **05/02/1994**

4. FEI Number **65-0210273** 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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARKS, KIM CPA
12550 BISCAYNE BOULEVARD, SUITE 402
NORTH MIAMI FL 33181

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-----------------|------------------------|
| TITLE | D |
| NAME | ONABANJO, EMMANUEL |
| STREET ADDRESS | 4120 NW 186 STREET |
| CITY - ST - ZIP | MIAMI FL 33055 |
| TITLE | D |
| NAME | FATADE, COMFORT |
| STREET ADDRESS | 940 NE 142 ST |
| CITY - ST - ZIP | MIAMI FL |
| TITLE | D |
| NAME | SALVADOR, OWOLABI |
| STREET ADDRESS | 7481 NW 33RD ST, APT 2 |
| CITY - ST - ZIP | HOLLYWOOD FL |
| TITLE | D |
| NAME | AINA, ALICE |
| STREET ADDRESS | 7717 ALHAMBRA BLVD |
| CITY - ST - ZIP | MIRAMAR FL |
| TITLE | D |
| NAME | FATERU, A. SAMSON |
| STREET ADDRESS | 9193 S.W. 128 LANE |
| CITY - ST - ZIP | MIAMI FL 33176 |
| TITLE | D |
| NAME | OBADAYI, JOSEPH |
| STREET ADDRESS | 18520 NW 42 AVENUE |
| CITY - ST - ZIP | MIAMI FL 33055 |

| | | |
|--------------------|----------------------|---|
| 11 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | ONABANJO, EMMANUEL | |
| 13 STREET ADDRESS | 4120 NW 186 STREET | |
| 14 CITY - ST - ZIP | MIAMI, FL 33055 | |
| 21 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | | |
| 23 STREET ADDRESS | | |
| 24 CITY - ST - ZIP | | |
| 31 TITLE | D | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 32 NAME | AKANGBE O. RASHEED | |
| 33 STREET ADDRESS | 1821 JAMAICA DRIVE | |
| 34 CITY - ST - ZIP | MIAMI, FL 33023 | |
| 41 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | AINA ALICE | |
| 43 STREET ADDRESS | 7717 ALHAMBRA BLVD | |
| 44 CITY - ST - ZIP | MIRAMAR FL | |
| 51 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | FATERU, A. SAMSON | |
| 53 STREET ADDRESS | 14815 NE 18TH AVE #4 | |
| 54 CITY - ST - ZIP | MIAMI, FL 33181 | |
| 61 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 CITY - ST - ZIP | | |

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)(b), 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:
EMMANUEL ONABANJO, PRESIDENT

APRIL 2, 1995 305-628-3926