

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N37358 (1)**
1. Corporation Name
THE NIGERIAN AMERICAN OF YORUBALAND, INC.



Principal Place of Business: **4120 NW 186 STREET MIAMI FL 33065**
Mailing Address: **4120 NW 186 STREET MIAMI FL 33065**

3. Date Incorporated or Qualified: **03/30/1990**
3a. Date of Last Report: **04/24/1995**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**MARKS, KIM CPA
12550 BISCAYNE BOULEVARD, SUITE 402
NORTH MIAMI FL 33181**

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ONABANJO, EMMANUEL	
STREET ADDRESS	4120 NW 186 STREET	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FATADE, COMFORT	
STREET ADDRESS	940 NE 142 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RASHEED, AKANGBE	
STREET ADDRESS	1821 JAMAICA DRIVE	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ANA, ALICE	
STREET ADDRESS	7717 ALHAMBRA BLVD	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FATERU, A. SAMSON	
STREET ADDRESS	14895 N.E. 18TH AVE #4L	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OBADAYI, JOSEPH	
STREET ADDRESS	18520 NW 42 AVENUE	
CITY-ST-ZIP	MIAMI FL 33055	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DOLU OKEGBOLA
2.3 STREET ADDRESS	320 NW 193 TERR.
2.4 CITY-ST-ZIP	MIAMI, FL 33169
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DAJIBOLA ADEKIYA
4.3 STREET ADDRESS	9910 RIVER RUN CIRCLE SOUTH
4.4 CITY-ST-ZIP	MIRAMAR, FL 33025
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DOLA SALVADOR
5.3 STREET ADDRESS	4221 S.W. 21ST. STR
5.4 CITY-ST-ZIP	HOLLYWOOD, FL 33023
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(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 if changed, or on an attachment with an address.

SIGNATURE: **Emmanuel A. Onabanjo** DATE: **4-24-96** DAYTIME PHONE: **305-628-2926**

CR2E037 (12/95)