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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 03/30/1990	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 65-0210273		
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Country	28 Zip Country
24	29 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0602 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 617.0603, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ONABANJO, EMMANUEL	
STREET ADDRESS	4120 NW 186 STREET	
CITY-ST-ZIP	MIAMI FL 33065	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OKEGBOLA, OLU	
STREET ADDRESS	320 NW 193 TERR.	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RASHEED, AKANGBE	
STREET ADDRESS	1821 JAMAICA DRIVE	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ADEKIYA, AJIBOLA	
STREET ADDRESS	9910 RIVER RUN CIRCLE SOUTH	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FATERU, A. SAMSON	
STREET ADDRESS	14895 N.E. 18TH AVE - #11600 N.E. 1355 ST. #11600	
CITY-ST-ZIP	N. MIAMI FL 33181	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	OBADAYI, JOSEPH	
STREET ADDRESS	18520 NW 42 AVENUE	
CITY-ST-ZIP	MIAMI FL 33065	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DAJAYI, KUNLE
1.3 STREET ADDRESS	9111 ANDORA DRIVE
1.4 CITY-ST-ZIP	MIRAMAR, FL 33025
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ALLE, BLUNBLE
2.3 STREET ADDRESS	PO BOX 483 3191 NW 133RD STA
2.4 CITY-ST-ZIP	OPA LOCKA, FL 33054
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SAMADAR, OLA
3.3 STREET ADDRESS	4223 S.W. 21ST STREET
3.4 CITY-ST-ZIP	HOLLYWOOD, FL 33023
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: **EMMANUEL ONABANJO** 4-1-98 305-628-3926

CR2E037 (10/97)