

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N41316 (3)

1. Corporation Name

AFROCONAMORE, INC.



Principal Place of Business

**8200 SOUTHWEST 140TH AVENUE
MIAMI FL 33183**

Mailing Address

**8200 SOUTHWEST 140TH AVENUE
MIAMI FL 33183**

3. Date Incorporated or Qualified
12/14/1990

3a. Date of Last Report
08/25/1995

2. Principal Place of Business

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Suite, Apt. #, etc.

2a. Mailing Address

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P.O. Box 832891

Suite, Apt. #, etc.

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Miami, FLA

City & State

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City & State

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USA

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SELMORE, VERA B.
8200 SOUTHWEST 140TH AVENUE
MIAMI FL 33183**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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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

Vera B. Selmore

Vera B. Selmore

4-29-96

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

TITLE **DT** ☐ DELETE

NAME **HUNIGAN, DOROTHY**
STREET ADDRESS **15813 S.W. FAIRWAY BLVD.**
CITY-ST-ZIP **MIAMI FL**

TITLE **DBM** ☐ DELETE

NAME **SELMORE, VERA B.**
STREET ADDRESS **8200 S.W. 140TH AVENUE**
CITY-ST-ZIP **MIAMI FL**

TITLE **DP** ☐ DELETE

NAME **WOOTEN, MYRTLE**
STREET ADDRESS **19625 S.W. 99TH COURT**
CITY-ST-ZIP **MIAMI FL**

TITLE **DS** ☐ DELETE

NAME **DAVIS, GWENDOLYN**
STREET ADDRESS **16910 S.W. 109TH AVENUE**
CITY-ST-ZIP **MIAMI FL**

TITLE **DP** ☐ DELETE

NAME **DENNIS, ELIZABETH**
STREET ADDRESS **16810 S.W. 107TH STREET**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE

NAME **SELMORE, VERA B.**
STREET ADDRESS **8200 SW 140 AVE.**
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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:

Vera B. Selmore

Vera B. Selmore

4-29-96

305-386-2866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E037 (12/95)