

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 P.O. BOX 832891 MIAMI FL 33283-2891 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 12/14/1990		3a. Date of Last Report 05/01/1996	
4. FEI Number 65-0279996		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent SELMORE, VERA B. 8200 SOUTHWEST 140TH AVENUE MIAMI FL 33183		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	DT	<input type="checkbox"/> DELETE	
NAME	HUNIGAN, DOROTHY		
STREET ADDRESS	15813 S.W. FAIRWAY BLVD.		
CITY-ST-ZIP	MIAMI FL		
TITLE	DBM	<input type="checkbox"/> DELETE	
NAME	SELMORE, VERA B.		
STREET ADDRESS	8200 S.W. 140TH AVENUE		
CITY-ST-ZIP	MIAMI FL		
TITLE	DP	<input type="checkbox"/> DELETE	
NAME	WOOTEN, MYRTLE		
STREET ADDRESS	19625 S.W. 99TH COURT		
CITY-ST-ZIP	MIAMI FL		
TITLE	DS	<input type="checkbox"/> DELETE	
NAME	DAVIS, GWENDOLYN		
STREET ADDRESS	16910 S.W. 109TH AVENUE		
CITY-ST-ZIP	MIAMI FL		
TITLE	DP	<input checked="" type="checkbox"/> DELETE	
NAME	DENNIS, ELIZABETH		
STREET ADDRESS	16810 S.W. 107TH STREET		
CITY-ST-ZIP	MIAMI FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	SELMORE, VERA B.		
STREET ADDRESS	8200 SW 140 AVE.		
CITY-ST-ZIP	MIAMI FL		
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 type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
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 type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME	HOWELL, MARY		
5.3 STREET ADDRESS	11220 S.W. 164 St. Miami, FL 33157		
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 do 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: Vera B. Selmore <i>Vera B. Selmore</i> 3-4-97 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E037 (9/96)