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Jun 25 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 # **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 33182 US
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2. Principal Place of Business 21 19625 S.W. 99th Court Suite, Apt. #, etc. 22 Miami, Florida City & State 23 Zip 33157 Country US	2a. Mailing Address 26 19625 S.W. 99th Court Suite, Apt. #, etc. 27 Miami, Florida City & State 28 Zip 33157 Country US
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3. Date Incorporated or Qualified 12/14/1990	4. FEI Number 65-0279996	Applied For <input type="checkbox"/> 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		
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 type="checkbox"/> No		

9. Name and Address of Current Registered Agent SELMORE, VERA B. 8200 SOUTHWEST 140TH AVENUE MIAMI FL 33183	
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10. Name and Address of New Registered Agent 81 Name Myrtle Wooten 82 Street Address (P.O. Box Number is Not Acceptable) 19625 S.W. 99th Court 83 Miami 84 City FL 85 Zip Code 33157	
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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 *Myrtle C. Wooten - DT* DATE *June 6, 1998*
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HUNIGAN, DOROTHY 15813 S.W. FAIRWAY BLVD. MIAMI FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DBM SELMORE, VERA B. 8200 S.W. 140TH AVENUE MIAMI FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WOOTEN, MYRTLE 19625 S.W. 99TH COURT MIAMI FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DAVIS, GWENDOLYN 16910 S.W. 109TH AVENUE MIAMI FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOWELL, MARY 11220 SW 164 ST MIAMI FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELMORE, VERA B. 8200 SW 140 AVE. MIAMI FL <input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DP Desdemona Coleman 10192 S.W. 200th Terrace Miami, Florida 33189 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	DV Mary Howell 11220 S.W. 164th Street Miami, Florida 33157 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	DT Myrtle Wooten 19625 S.W. 99th Court Miami, Florida 33157 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	DS Carol Bynum 13715 S.W. 176th Street Miami Florida 33177 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Myrtle Wooten* *Myrtle C. Wooten* *June 6, 1998*

CR2E037 (1097)