

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 # N95000001815 (8)

1. Corporation Name

THE CENTER FOR AFRICAN CULTURAL STUDIES, INC.



Principal Place of Business

21431 SW 109TH COURT
MIAMI FL 33189-2903

Mailing Address

21431 SW 109TH COURT
MIAMI FL 33189-2903

3. Date Incorporated or Qualified: 04/12/1995
3a. Date of Last Report

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Suite, Apt. #, etc	Suite, Apt. #, etc.	65-0577080	Not Applicable
22	City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	MIAMI, FLORIDA	MIAMI, FLORIDA	<input type="checkbox"/>	
23	Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	U.S.A.	33170-0516	<input type="checkbox"/>	
24	Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	U.S.A.	U.S.A.		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ABISOGB0, OBAAYE A 21431 SW 109TH COURT MIAMI FL 33189-2903				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	RECORDING SECRETARY
NAME	ABISOGB0, OBAAYE A	1.2 NAME	WENDY S. JOHNSON
STREET ADDRESS	21431 SW 109TH COURT	1.3 STREET ADDRESS	21431 SW 109 COURT
CITY-ST-ZIP	MIAMI FL 33189-2903	1.4 CITY-ST-ZIP	MIAMI FL 33189-2903
TITLE	VD	2.1 TITLE	TREASURER
NAME	ELUYEMI, OMOTOSO DR.	2.2 NAME	EMANUEL UKPAI
STREET ADDRESS	248 OBALUFON STREET	2.3 STREET ADDRESS	4700 N.W. 12 COURT
CITY-ST-ZIP	ILE-IFFE NIGERIA WEST AFRICA	2.4 CITY-ST-ZIP	FT. LAUDERDALE, FLORIDA 33313
TITLE	SD	3.1 TITLE	LINDA SMILEY
NAME	SHUAIB, KIM	3.2 NAME	13243-2 SW 112 TERRACE
STREET ADDRESS	6649 NW 181ST LANE	3.3 STREET ADDRESS	MIAMI, FLORIDA 33186
CITY-ST-ZIP	MIAMI FL 33015	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	IRA L. EVERETT, JR.
NAME	SOARES, IRENE O	4.2 NAME	P.O. BOX 831504
STREET ADDRESS	781 E 56TH STREET	4.3 STREET ADDRESS	MIAMI, FLORIDA 33283
CITY-ST-ZIP	BROOKLYN NY 11234	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	BROWNE, FEMI F	5.2 NAME	
STREET ADDRESS	8240 NW 15TH AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33147	5.4 CITY-ST-ZIP	
TITLE	PD	6.1 TITLE	
NAME	MILES, V A	6.2 NAME	
STREET ADDRESS	8701 NW 17TH AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33147	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: Obaaye A. Abisogbo OBAAYE A. ABISOGB0 JAN. 17, 1996 (205) 596-8281

CR2E037 (12/95)