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FILED
May 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 # 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: PO BOX 700516 MIAMI FL 33170-0516 US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/12/1995	3a. Date of Last Report 01/25/1996
21	22	26	27	4. FEI Number 65-0577080	Applied For Not Applicable
23		28		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25		30		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
ABISOGBO, OBAAYE A
21431 SW 109TH COURT
MIAMI FL 33189-2903

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	D	<input type="checkbox"/> DELETE
NAME	ABISOGBO, OBAAYE A	
STREET ADDRESS	21431 SW 109TH COURT	
CITY-ST-ZIP	MIAMI FL 33189-2903	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ELUYEMI, OMOTOSO DR.	
STREET ADDRESS	24B OBALUFON STREET	
CITY-ST-ZIP	ILE-IFE NIGERIA WEST AFRICA	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SHUAIB, KIM	
STREET ADDRESS	6849 NW 181ST LANE	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SOARES, IRENE O	
STREET ADDRESS	781 E 58TH STREET	
CITY-ST-ZIP	BROOKLYN NY 11234	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BROWNE, FEMI F	
STREET ADDRESS	8240 NW 15TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	UKPAI, EMANUEL	
STREET ADDRESS	4700 NW 12 COURT	
CITY-ST-ZIP	FT. LAUDERDALE 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 checked="" type="checkbox"/> Addition
2.2 NAME	VD Lancelotti, JANET DR
2.3 STREET ADDRESS	21431 SW 109 Court
2.4 CITY-ST-ZIP	MIAMI FL 33189-2903
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SD Sherice Wilcox
3.3 STREET ADDRESS	216 SW 108 Ave
3.4 CITY-ST-ZIP	MIAMI FL 33189-2903
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	T Aundrella Hamed
4.3 STREET ADDRESS	925 NW 14 Avenue
4.4 CITY-ST-ZIP	MIAMI FL 33147
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	F
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: _____

CR2E037 (9/96)