## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N96000004804 (8)

UNITED AFRICA 2000, INCORPORATED

Principal Place of Business

Mailing Address

## FILED Jun 18 1997 8:00am Secretary of State



20620 NW 26TH CT 20620 NW 26TH CT MIAMI FL 33056 MIAMI FL 33056-1559								
	4				3. Date Incorporated or Qualified 09/17/1996	3a. Date of Last F	Report	
	Place of Business 2.3 NW 26th C7	2a. Mailing Address 26 P.O.BO	× 2	663	4. FEI Number 65-0704	4340 A	pplied For lot Applicable	
Sulte, Apt. #, etc.  22 CAROL C67Y  27 MIRMI				·	5. Certificate of Status Desired	\$8.75	Additional lequired	
<del></del>	MI FL 33086 28 MIAMI FLOR				Election Campaign Financing     Trust Fund Contribution		May Be to Fees	
Zip 24 \$30		Zip 33055 30 DADE			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
9. Name and Address of Current Registered Agent 81					10. Name and Address of New Registered Agent			
MANUALLI MAAALIA				Name				
BANMAH, ERASMUS				Street Add	dress (P.O. Box Number is Not Acceptab	le)		
20620 NW 26TH CT MIAMI FL 33056				33				
MIAMI FE 30000								
			E	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 are familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE								
10	Signature, typed or printed name of registered agent a OFFICERS AND I			Agent signature req	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	50,11,40	
12.	DPST OFFICERS AND I	DELETE	13.	r	ADDITIONS/CHANGES TO OFFIC	Change	RS IN 12 S	
NAME	BANMAH, ERASMUS		1.2 NAM	1		Onlinge	i iomani j	
STREET ADDRESS	20620 NW 26TH CT			EET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33056			-ST-ZIP				
TITLE	75)	☐ DELETE	2 1 1/JL			☐ Change	Addition	
NAME	MUSTAPHA CARE	W	2 2 NAN	IE .				
STREET ADDRESS	12 106 ST ANDRE	WS PL	2.3 STR	EET ADDRESS				
CITY-ST-ZIP	PENBROKE PIN	es FL 33025	2. 4 CIT	Y-ST-ZIP				
TITLE	\(\sigma_1\)	☐ DELETE	3.1 TITL	E		☐ Change	Addition	
NAME	BELLO JEAN-B	APTISTE	3.2 NAN	<b>I</b> E				
STREET ADDRESS	45M 575 NE	131 ST	3.3 STR	EET ADDRESS				
CITY-ST-ZIP	MM 575 NE	33/6/		Y - ST - ZIP				
TITLE	/ T }	DELETE	4.1 TITL	E		☐ Change	☐ Addition	
NAME	ANTHONY BANK	MAH	4. 2 NA					
STREET ADDRESS	20620 NW 26	Ce	1	EET ADDRESS				
CITY-ST-ZIP	MIAMI FL 3	3056 □ DELETE		-ST-ZIP		[ Change	Addition	
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CITY-ST-ZIP				EET ADDRESS				
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NAME			6.2 NAM					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP				-S1-ZIP				
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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 phapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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