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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000002078

1. Corporation Name

ILE IJUBA YORUBA MIAMI, INC.

Principal Place of Business | Mailing Address

3. Date Incorporated or Qualified: April 14, 1997

4. FEI Number: 650743824 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: 9144 SW 181 Terrace
22: Suite, Apt. #, etc.
23: City & State: Miami Florida
24: Zip: 33157 25: Country: USA

2a. Mailing Address
26: 18721 S. Dixie Hwy.
27: Suite, Apt. #, etc.: # 321
28: City & State: Miami, Florida
29: Zip: 33157 30: Country: USA

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

NATALIA UTRERA
AMERI LAWYER
343 ALMERIA AVENUE
CORAL GABLES, FLORIDA 33134

10. Name and Address of New Registered Agent

81 Name: Samuel Oloyede Agbedejobi
82 Street Address (P.O. Box Number is Not Acceptable)
83: 9144 SW 181 Terrace
84 City: Miami FL 85 Zip Code: 33157

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: Samuel O. Agbedejobi Samuel Oloyede Agbedejobi 2/27/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Jorge Gomez-Thoureaux 5801 Bird Road Miami, Florida 33155	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President Michael Ajaweshola Tolu 10385 SW 88 Street Apt-P-5 Miami, Florida 33176	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Samuel Oloyede Agbedejobi 9144 SW 181 Terrace Miami, FL 33157	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Secretary Samuel Oloyede Agbedejobi 9144 SW 181 Terrace Miami Florida 33157	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Thomas Akindele Alinde 8600 SW 67 Ave Unit 914 Miami FL 33143	☒ DELETE	3.1 TITLE D / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Director Dr. Vera Selmore 8200 SW 140 Avenue Miami, Florida 33176	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Carlos A Benitez 210 W. 53 Street Hialeah, Florida 33012	☒ DELETE	4.1 TITLE D / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Director Velma Layiwola 3522 NW 193 Street Miami, Florida 33056	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE D / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Director Ifedayo Oladotun 10385 SW 88 Street Apt P-5 Miami, FL 33176	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE T / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	Trusted Dr. Tony Otukotan 128 NE 54 Street Miami, Florida 33137	☐ Change ☐ Addition

03/03/98-01060--009

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: Samuel O. Agbedejobi Samuel O. Agbedejobi 2/27/98 (305) 376-1944 (305) 251-7390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)