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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000002078

1. Corporation Name
ILE IJUBA YORUBA MIAMI, INC.

Principal Place of Business	Mailing Address
~~9144 SW 181 TERRACE~~ MIAMI FL 33157 US	18721 S. DIXIE HWY. #321 MIAMI FL 33157 US

2. Principal Place of Business
21 16820 SW 87 Court
22 Suite, Apt. #, etc.
23 City & State: Miami Florida
24 Zip: 33157 25 Country: USA

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

3. Date Incorporated or Qualified: 04/14/1997
4. FEI Number: 65-0743824 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

AGBEDEJOBI, SAMUEL O
9144 SW 181 TERRACE
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name → SAME
82 Street Address (P.O. Box Number is Not Acceptable) ~~9144~~ 16820 SW 87 Court
83
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 O. Agbedejobi 4/5/99
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. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	Director	☑ Change ☐ Addition
NAME	TOLU, MICHAEL A		1.2 NAME	Tolu, Michael A. (D)	
STREET ADDRESS	10385 SW 88 STREET APT P-5		1.3 STREET ADDRESS	14540 Jefferson Street Apt #8	
CITY-ST-ZIP	MIAMI FL 33176		1.4 CITY-ST-ZIP	Miami FL 33176	
TITLE	S	☐ DELETE	2.1 TITLE	Secretary / Director	☑ Change ☐ Addition
NAME	AGBEDEJOBI, SAMUEL L		2.2 NAME	Agbedejobi, Samuel O. (D)	
STREET ADDRESS	9144 SW 181 TERRACE		2.3 STREET ADDRESS	[illegible]	
CITY-ST-ZIP	MIAMI FL 33157		2.4 CITY-ST-ZIP	Miami FL 33157	
TITLE	D	☑ DELETE	3.1 TITLE	Dr. Tony Orukotan (D) Director	☐ Change ☐ Addition
NAME	SELMORE, VERA DR		3.2 NAME		
STREET ADDRESS	8200 SW 140 AVENUE		3.3 STREET ADDRESS	128 NE 54 Street	
CITY-ST-ZIP	MIAMI FL 33176		3.4 CITY-ST-ZIP	Miami, Florida 33137	
TITLE	D	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LAYIWOLA, VELMA		4.2 NAME		
STREET ADDRESS	3522 NW 193 STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33056		4.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	OLADOTUN, IFEDAYO		5.2 NAME		
STREET ADDRESS	10385 SW 88 STREET APT P-5		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176		5.4 CITY-ST-ZIP		
TITLE	T	☑ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ORUKOTAN, TONY DR.		6.2 NAME		
STREET ADDRESS	128 NE 54 STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33137		6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: Samuel O. Agbedejobi 4/5/99 (305) 971-9816
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Samuel O. Agbedejobi - 4/21/99

CR2E037 (11/98)