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Mar 01, 1999 8:00 am
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03-01-1999 90026 036 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000004120

1. Corporation Name

THE PEOPLE'S CLUB OF NIGERIA - USA, INC., MIAMI BRANCH

Principal Place of Business

11112 S.W. 129 PLACE
 MIAMI FL

Mailing Address

11112 S.W. 129 PLACE
 MIAMI FL



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/22/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip Country		28 Zip Country		NOT APPLICABLE	
24		29		30	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing				<input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

ORJI, EZEKIEL O
 11112 S.W. 129 PLACE
 MIAMI FL

10. Name and Address of New Registered Agent

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

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	D	1.1 TITLE	ALISIGWE, GODWIN
NAME	ALISIGWE, GODWIN	1.2 NAME	P.O. Box 590203
STREET ADDRESS	PO BOX 401255	1.3 STREET ADDRESS	FT LAUDERDALE FL 33359
CITY-ST-ZIP	FT. LAUDERDALE FL 33349-59	1.4 CITY-ST-ZIP	
TITLE	C	2.1 TITLE	
NAME	ORJI, EZEKIEL O	2.2 NAME	
STREET ADDRESS	11112 SW 129TH PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	
NAME	UKPAI, EMMANUEL U.K.	3.2 NAME	
STREET ADDRESS	4700 NW 12TH CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33313	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	S ANYAMELE, RICHARD
NAME	ANYAMELE, RICHARD	4.2 NAME	255 NW 157 ST
STREET ADDRESS	18520 N.W. 42 AVE.	4.3 STREET ADDRESS	N MIAMI BEACH FL 33169
CITY-ST-ZIP	MIAMI FL 33055	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D ANYAGALIGBO, CHRIS
NAME	EGBEDIKE, MICHAEL	5.2 NAME	1340 NW 198 ST
STREET ADDRESS	10443 S.W. 110TH CT.	5.3 STREET ADDRESS	MIAMI FL 33169
CITY-ST-ZIP	MIAMI FL 33186	5.4 CITY-ST-ZIP	
TITLE	A	6.1 TITLE	T OKORO, BARTHOLOMEW
NAME	IKEMEFUNA, OKANY	6.2 NAME	135 NW 163rd ST
STREET ADDRESS	255 NE 148 ST	6.3 STREET ADDRESS	MIAMI FL 33169
CITY-ST-ZIP	N MIAMI BEACH FL 33161	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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/99 305 876-7384

Date

Daytime Phone #

CR2E037 (11/98)