

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

**FILED**  
**Jul 02 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000005868 (1)**  
 1. Corporation Name  
**NTO ANNANG FOUNDATION MIAMI CHAPTER, INC.**



Principal Place of Business <b>1914 SW 180 TERRACE MIRAMAR FL 33029</b>	Mailing Address <b>1914 SW 180 TERRACE MIRAMAR FL 33029</b>
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3. Date Incorporated or Qualified <b>10/17/1997</b>		
4. FEI Number <b>58-2006066</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**9. Name and Address of Current Registered Agent**

**UMOH, JIMMY U DR**  
**1914 SW 180 TERRACE**  
**MIRAMAR FL 33029**

**10. Name and Address of New Registered Agent** *N/A*

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>UMOH, JIMMY U DR</b>	
STREET ADDRESS	<b>1914 SW 180 TERRACE</b>	
CITY-ST-ZIP	<b>MIRAMAR FL 33029</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>NNAMDIE, OKU DR</b>	
STREET ADDRESS	<b>850 NE 116 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33161</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ODONO, AL DR</b>	
STREET ADDRESS	<b>18300 NW 18TH PLACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33054</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>AKPAN, LINUS E MR</b>	
STREET ADDRESS	<b>6980 NW 186TH STREET #328</b>	
CITY-ST-ZIP	<b>MIAMI FL 33015</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>BUFFER E. EYO</b>	
1.3 STREET ADDRESS	<b>15121 SW 154 CT</b>	
1.4 CITY-ST-ZIP	<b>MIAMI FL 33196</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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		
6.3 STREET ADDRESS		
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.

SIGNATURE: *Jimmy U Umo* **UMOH, JIMMY U DR** **5/10/98** *954-430-0124*

CP2E037 (10/97)