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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 25 AM 9:17

DOCUMENT # N98000004637

1. Corporation Name
MAMA MAWUSI FOUNDATION, INC.

Principal Place of Business	Mailing Address
10816 NORTHWEST 2ND AVENUE MIAMI SHORES FL 33168	10816 NORTHWEST 2ND AVENUE MIAMI SHORES FL 33168

2. Principal Place of Business 21 10816 NW 2nd Ave	2a. Mailing Address 26 P.O. Box 530512	3. Date Incorporated or Qualified 08/12/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65 0771690 ☐ Applied For ☐ Not Applicable
City & State 23 Miami Shores FL	City & State 28 Miami 33153	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 33168 25 USA	Zip / Country 29 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MILHOMME, VICKY L 10816 NORTHWEST 2ND AVENUE MIAMI SHORES FL 33168	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD VICKY MILHOMME L. 10816 NW 2nd Ave ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KLIGMAN, STANLEY A PROF. 10816 NORTHWEST 2ND AVENUE MIAMI SHORES FL 33168	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D REV. ALFONSO BALLARD 10816 NW 2nd Ave MIAMI FL 33168 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOGBI, KPORKU III 10816 NORTHWEST 2ND AVENUE MIAMI SHORES FL 33168	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D TOGBI, KPORKU III 10816 NW 2nd Ave MIAMI FL 33168 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KUMAPLEY, N K PROF. 10816 NORTHWEST 2ND AVENUE MIAMI SHORES FL 33168	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SOGAH, DOTSEVI PROF. 10816 NORTHWEST 2ND AVENUE MIAMI SHORES FL 33168	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AMUZU, J K PROF. 10816 NORTHWEST 2ND AVENUE MIAMI SHORES FL 33168	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: Vicky Milhomme **REQUIRED** 8/12/99 305-754 4171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)