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Mar 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000072545 (5)

1. Corporation Name  
AFRICAN DEVELOPMENT AND FINANCE OF FLA., INC.

Principal Place of Business  
8703 FOREST HILLS BLVD.  
CORAL SPRINGS FL 33065  
US

Mailing Address  
8703 FOREST HILLS BLVD.  
CORAL SPRINGS FL 33065  
US



2. Principal Place of Business  
21 17149 93rd Road North  
Suite, Apt. #, etc.

22  
City & State  
23 Loxahatchee, FL 33470  
Zip Country

24 33470 25 US

2a. Mailing Address  
26 17149 93rd Road North  
Suite, Apt. #, etc.

27  
City & State  
28 Loxahatchee, FL  
Zip Country

29 33470 30 US

9. Name and Address of Current Registered Agent

MORGAN, HELEN  
8703 FOREST HILLS BLVD  
CORAL SPRINGS FL 33065

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 607.0502 and 607.1008, 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 607.0505, Florida Statutes.

SIGNATURE

Signature of an officer or director of the corporation and the signatory

CR-01 Registered Agent signature required when not listed

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPCS	<input checked="" type="checkbox"/> DELETE
NAME	MORGAN, HELEN	
STREET ADDRESS	8703 FOREST HILLS BLVD.	
CITY- ST- ZIP	CORAL SPRINGS FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	BYNUM, GEORGE A	
STREET ADDRESS	3287-A SUTTON PL., N.W.	
CITY- ST- ZIP	WASHINGTON D.	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	MORGAN, HELEN	
STREET ADDRESS	8703 FOREST HILLS BLVD	
CITY- ST- ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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

11 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	BEAT WERTLI	
13 STREET ADDRESS	54 Chemin de la Croix	
14 CITY- ST- ZIP	CH-1052 Le Mont (Switzerland)	
21 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Rosemarie Wertli	
23 STREET ADDRESS	54 Chemin de la Croix	
24 CITY- ST- ZIP	CH-1052 Le Mont (Switzerland)	
31 TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Helen Morgan	
33 STREET ADDRESS	17149 93rd Road North	
34 CITY- ST- ZIP	Loxahatchee, FL 33470	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY- ST- ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY- ST- ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY- ST- ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Helen Morgan* HELEN MORGAN 5/1-795-5049

CR2E034 (9/96)