

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**FILED**

95 APR 21 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995  
  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000058270 (7)**  
 1. Corporation Name  
**AFRICAN WORLD SAFARIS, INC.**

Principal Place of Business Mailing Address  
**1395 BRICKELL AVE. 1395 BRICKELL AVE.**  
**7TH FLOOR 7TH FLOOR**  
**MIAMI FL 33131 MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
 21 **3111 S.W. 27<sup>th</sup> AVE.** 26 **3111 S.W. 27<sup>th</sup> AVE.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 **P.O. Box 330010** 27 **P.O. Box 330010**  
 City & State City & State  
 23 **COCONUT GROVE, FL.** 28 **COCONUT GROVE, FL.**  
 Zip Country Zip Country  
 24 **33133** 25 **U.S.A.** 29 **33133** 30 **U.S.A.**

3. Date Incorporated or Qualified **08/05/1994** 3a. Date of Last Report  
 4. FEI Number **65-0516247** 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  
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**HUMPHREYS, TREVOR L.**  
**1395 BRICKELL AVE.**  
**7TH FLOOR**  
**MIAMI FL 33131**

10. Name and Address of New Registered Agent  
 81 Name **HUMPHREYS, TREVOR L.**  
 82 Street Address (P.O. Box Number is Not Acceptable) **1717 N. BAYSHORE DR., APT. 3535**  
 83  
 84 City **MIAMI** FL 85 Zip Code **33132**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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 *Trevor L. Humphreys* **TREVOR L. HUMPHREYS** **4/18/95**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>HUMPHREYS, Y.M. DAWN</b>
STREET ADDRESS	<b>1717 N. BAYSHORE DR., APT. 3535</b>
CITY - ST - ZIP	<b>MIAMI FL 33132</b>
TITLE	<b>D</b>
NAME	<b>HUMPHREYS, ANTHEA G</b>
STREET ADDRESS	<b>1717 N. BAYSHORE DR., APT. 3535</b>
CITY - ST - ZIP	<b>MIAMI FL 33132</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Y.M. Dawn Humphreys* **Y.M. DAWN HUMPHREYS** **4/18/95** **(305) 444-0910**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Type in zeros)