

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

3111 SW 27TH AVE
P. O. BOX 330010
COCONUT GROVE FL 33133
US

Mailing Address

3111 SW 27TH AVENUE
P. O. BOX 330010
COCONUT GROVE FL 33133
US

3. Date Incorporated or Qualified
08/05/1994

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21 **111 S.W. 3RD STREET**

26 **111 S.W. 3RD STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **PENTHOUSE 3**

27 **PENTHOUSE 3**

City & State

City & State

23 **MIAMI FL**

28 **MIAMI FL**

Zip

Country

Zip

Country

24 **33130**

25 **DADE**

29 **33130**

30 **DADE**

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

10. Name and Address of New Registered Agent

**HUMPHREYS, TREVOR L
1717 N. BAYSHORE DR.
APT 512
MIAMI FL 33132**

81 Name **TREVOR L. HUMPHREYS**
82 Street Address (P.O. Box Number is Not Acceptable)
19355 N.E. 10TH AV.
83 **APT 512**
84 City **N. MIAMI BEACH** FL 85 Zip Code **33179**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Trevor L. Humphreys
Signature, typed, printed name of registered agent or director, if applicable

NOTE: Registered Agent signature required when registering

4/16/96
DATE

12. OFFICERS AND DIRECTORS

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

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HUMPHREYS, Y.M. DAWN	
1.3 STREET ADDRESS	19355 N.E. 10TH AV., APT 512	
1.4 CITY-ST-ZIP	MIAMI, FL 33179	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HUMPHREYS, ANTHEA G.	
2.3 STREET ADDRESS	19355 N.E. 10TH AV. APT 512	
2.4 CITY-ST-ZIP	MIAMI, FL 33179	
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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96
DATE

(305) 444-0910
Daytime Phone #

CR2E034 (12/95)