

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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PRQFIT CORPORATION ANNUAL REPORT 1997



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

FILED  
 97 AUG -5 PM 2:30  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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



Principal Place of Business Mailing Address

111 SOUTHWEST 3RD STREET  
 PENTHOUSE 3  
 MIAMI FL 33130  
 US

111 SOUTHWEST 3RD STREET  
 PENTHOUSE 3  
 MIAMI FL 33130  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 24 Country 25 28 Zip 29 Country 30

3. Date Incorporated or Qualified 08/05/1994 3a. Date of Last Report 04/22/1996

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

~~HUMPHREYS, TREVOR L  
 19355 NORTHEAST 10TH AVENUE  
 APT 512  
 N MIAMI BEACH FL 33179~~

*second*

10. Name and Address of New Registered Agent

81 Name DAWN HUMPHREYS

82 Street Address (P.O. Box Number is Not Acceptable) 522 N.E. 195th St.

83 N. Miami FL 33179

84 City FL 85 Zip Code

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 *Dawn Humphreys* (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HUMPHREYS, Y.M. DAWN	
STREET ADDRESS	19355 NE 10TH AVE., APT 512	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUMPHREYS, ANTHEA G	
STREET ADDRESS	19355 NE 10TH AVE., APT 512	
CITY-ST-ZIP	MIAMI 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

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HUMPHREYS, Y.M. DAWN	
1.3 STREET ADDRESS	522 N.E. 195th St.	
1.4 CITY-ST-ZIP	N. 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	522 N.E. 195th St.	
2.4 CITY-ST-ZIP	N. Miami, FL 33179	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	200002262272--2	
3.4 CITY-ST-ZIP	-08/08/97--01130--006	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	200002262272--2	
4.4 CITY-ST-ZIP	-08/08/97--01130--007	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	****165.00	
5.4 CITY-ST-ZIP	****165.00	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

*8-797*

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE SIGNATURE REQUIRED *Dawn Humphreys* *8-797*

CR2E034 (4/97)

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AFRICAN WORLD SAFARIS, INC.  
111 S.W. 3rd Street  
Penthouse 3  
Miami, FL 33130-1989

July 27, 1997

DIVISION OF CORPORATIONS  
ATTENTION: ANNUAL REPORT  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Sirs:

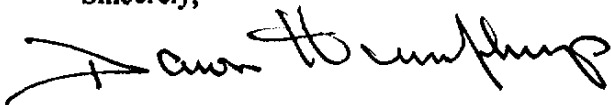
Re: AFRICAN WORLD SAFARIS, INC.  
Document No. 94000058270 (7)  
Profit Corporation Annual Report 1997

With reference to my telephone conversation with your office on Friday, July 25, 1997 during which I confirmed that my husband Trevor Lloyd Humphreys had died on June 14, 1997 of cancer, and, that during his last months of suffering, which I had spent with him in the hospital, the mail somehow had got lost and I never received the first notice for the renewal of African World Safaris, Inc.'s 1997 Profit Corporation Annual Report. Trevor being an accountant was always in charge of my company's bills and statements and the person in charge was obviously not as efficient as him.

I am very sorry for this oversight and I thank you for your kind consideration in this matter by informing me that it was in order for me to send you a check for US\$165.00 covering the annual fee together with an additional check for US\$8.75 for the Certificate of Status which I would like to be sent to the above address.

Again, thank you for your kindness in waiving the late fees, your support is greatly appreciated.

Sincerely,



Dawn Humphreys  
President, AFRICAN WORLD SAFARIS, INC.

Enc: Death Certificate