

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90379 001 ***150.00
 05-03-2001 90379 002 ****8.75

DOCUMENT # P94000058270

1. Entity Name
AFRICAN WORLD SAFARIS, INC.

Principal Place of Business 111 SOUTHWEST 3RD STREET PENTHOUSE 3 MIAMI FL 33130 US	Mailing Address 111 SOUTHWEST 3RD STREET PENTHOUSE 3 MIAMI FL 33130 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0516247		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HUMPHREYS, DAWN 1206 DOUGLAS ROAD #2 CORAL GABLES FL 33134 <i>(MOVED) *</i>				Name * DAWN HUMPHREYS (NEW ADDRESS) Street Address (P.O. Box Number is Not Acceptable) 5625 SW 64th Ct. City MIAMI FL Zip Code 33143			

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HUMPHREYS, Y.M. DAWN 1206 DOUGLAS ROAD #2 CORAL GABLES FL 33134 <i>(MOVED) Delete</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HUMPHREYS, Y.M. DAWN (NEW ADDRESS) 5625 SW 64th Ct MIAMI, FL 33143 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUMPHREYS, ANTHEA G 1206 DOUGLAS ROAD #2 CORAL GABLES FL 33134 <i>(MOVED) Delete</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUMPHREYS ANTHEA G. (NEW ADDRESS) 5625 SW 64th Ct MIAMI, FL 33143 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dawn Humphreys*
DAWN HUMPHREYS
 DATE: *April 20, 2001*
04/20/01
 DAYTIME PHONE: *305-665-5941*
305-665-5941

CR2E034 (10/00)