

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:36

STATE
TALLAHASSEE, FLORIDA

300001480933
-05/09/95--01098--004
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000077326 (4)

1. Corporation Name

AFRITOURS, INC.

Principal Place of Business

1348 N.E. 147th Street
MIAMI, FLA. 33161

Mailing Address

1348 N.E. 147th Street
MIAMI, FLA. 33161

3. Date Incorporated or Qualified
10-21-94

3a. Date of Last Report
N/A

2. Principal Place of Business

21 1140 N.E. 163rd St.

2a. Mailing Address

26 1140 N.E. 163rd St.

4. FEI Number

65-0536801

Applied For

Not Applicable

Suite, Apt. #, etc

22 # 10

Suite, Apt. #, etc

27 # 10

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

23 MIAMI FLA

City & State

28 MIAMI, FLA.

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Zip

24 33162-45

Country

25 DADE

Zip

29 33162 45

Country

30 DADE

8. This corporation has liability for intangible tax under S 199.032, Florida Statutes
 Yes No

9. Name and Address of Current Registered Agent

PAUL, CARLINE
1348 N.E. 147th Street
MIAMI, FLA 33161

10. Name and Address of New Registered Agent

B1 Name N/A
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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

Signature (Typed - correct name of registered agent and title if applicable)

(Print) Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	PAUL, CARLINE
STREET ADDRESS	1348 N.E. 147th Street
CITY ST ZIP	MIAMI, FLA. 33161
TITLE	D
NAME	LeCORB, KAREEN
STREET ADDRESS	1348 N.E. 147th Street
CITY ST ZIP	MIAMI, FLA. 33161
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	TRAORE, ABOU	
13 STREET ADDRESS	1348 N.E. 147th Street	
14 CITY ST ZIP	MIAMI, FLA 33161	
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 contained 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 2 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carline M. Paul*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28th 1995
(305) 940-6882