

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000077326 (4)**

1. Corporation Name
AFRITOURS, INC.



Principal Place of Business: **1140 NE 163RD ST. SUITE 10 MIAMI FL 33162-45**
Mailing Address: **1140 NE 163RD ST. SUITE 10 MIAMI FL 33162-45**

3. Date Incorporated or Qualified: **10/21/1994**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0536801**
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. 193.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21: Suite, Apt. #, etc.
22: City & State
23: Zip, Country
24: Country
26: Suite, Apt. #, etc.
27: City & State
28: Zip, Country
29: Zip, Country
30: Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PAUL, CARLINE
1348 N.E. 147TH STREET
MIAMI FL 33161**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	TRAORE, ABOU	
STREET ADDRESS	1348 N.E. 147TH STREET	
CITY - ST - ZIP	MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LECORPS, KAREEN	
STREET ADDRESS	1348 N.E. 147TH STREET	
CITY - ST - ZIP	MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PAUL, CARLINE	
STREET ADDRESS	1348 NE 147TH STREET	
CITY - ST - ZIP	MIAMI FL 33161	
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

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAORE, ABOU	
STREET ADDRESS	1140 NE 163RRD STREET, SUITE 10	
CITY - ST - ZIP	MIAMI, FL 33162	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LECORPS, KAREEN	
STREET ADDRESS	1140 NE 163RD STREET, SUITE 10	
CITY - ST - ZIP	MIAMI, FL 33162	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL, CARLINE	
STREET ADDRESS	1140 NE 163RD STREET, SUITE 10	
CITY - ST - ZIP	MIAMI, FL 33162	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Carline W. Paul*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CARLINE W. PAUL

1/27/96 9498239 (305)

CR2E034 (12/95)