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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33162-4517

3. Date Incorporated or Qualified: 10/21/1994
3a. Date of Last Report: 03/15/1996
4. FEI Number: 65-0536801
5. Certificate of Status Desired: [X] \$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 [X] No

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country; 25 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code: FL

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] (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS: D TRAORE, ABOU; D LECORPS, KAREEN; D PAUL, CARLINE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: 1.1 TITLE; 1.2 NAME; 1.3 STREET ADDRESS; 1.4 CITY - ST - ZIP; 2.1 TITLE; 2.2 NAME; 2.3 STREET ADDRESS; 2.4 CITY - ST - ZIP; 3.1 TITLE; 3.2 NAME; 3.3 STREET ADDRESS; 3.4 CITY - ST - ZIP; 4.1 TITLE; 4.2 NAME; 4.3 STREET ADDRESS; 4.4 CITY - ST - ZIP; 5.1 TITLE; 5.2 NAME; 5.3 STREET ADDRESS; 5.4 CITY - ST - ZIP; 6.1 TITLE; 6.2 NAME; 6.3 STREET ADDRESS; 6.4 CITY - ST - ZIP

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 Box # 12 or Box # 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] (SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

March 11, 1997

(305) 449-3836

CR2E034 (9/96)