

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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PROFIT CORPORATION ANNUAL REPORT 1997



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

97 SEP 26 11:11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000011493 (0)
1. Corporation Name
AYAFI CONSULTANTS, INC.



Principal Place of Business
**255 UNIVERSITY DR. 209
CORAL GABLES FL 33134**

Mailing Address
**255 UNIVERSITY DR. 209
CORAL GABLES FL 33134-8733**

3. Date Incorporated or Qualified **02/10/1995** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business
21 **240 CRANDON BLVD.**
Suite, Apt. #, etc.
22 **SUITE 202**
City & State
23 **KEY BISCAYNE, FL**
Zip Country
24 **33149** 25 **USA**

2a. Mailing Address
26 **240 CRANDON BLVD.**
Suite, Apt. #, etc.
27 **SUITE 202**
City & State
28 **KEY BISCAYNE, FL**
Zip Country
29 **33149** 30 **USA**

4. FEI Number **65-0561162** 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. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST, 105
TALLAHASSEE FL 32301**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BOLARINWA, ADEKUNLE	
STREET ADDRESS	255 UNIVERSITY DR, 209	
CITY-ST-ZIP	CORAL GABLES FL 33134	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BOLARINWA, ADEKUNLE	
1.3 STREET ADDRESS	240 CRANDON BLVD., SUITE 202	
1.4 CITY-ST-ZIP	KEY BISCAYNE, FL 33149	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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****165.00 ****165.00

Handwritten signature: JB 9/20/97

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.

CR2E034 (9/96)

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Klene, Hand & Company, P.A.
Certified Public Accountants

240 CRANDON BOULEVARD • SUITE 202 • KEY BISCAYNE, FL 33149 • (305) 361-2742 • FAX (305) 361-0974

September 22, 1997

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: 1997 Annual Report for Ayafi Consultants
FEI # 65-0561162

Dear Sir or Madam:

Please accept this Corporation Annual Report without imposing the penalty as we have just received it.

This document was first mailed to Mr. Bolarinwa's old office address at 255 University Drive. It was then forwarded to his home address at 1720 North River Drive. Since Mr. Bolarinwa is currently undergoing additional treatment for liver and lung cancer he has been unable to check his mail on a regular basis while in the hospital.

The firm has always filed the Annual Reports on a timely basis and the delinquency was not due to willful neglect or negligence.

We understand that there is no provision for an exception to the penalty, however, we feel that this is an unconscionable penalty in this case and we ask that you consider our explanation and abate this penalty. Please see evidence enclosed of problems in the delivery of this document.

Thank you for your consideration.

Sincerely,



Robert M. Lowman, Accountant