FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

(1)

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 AUG 28 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000036858

1. Corporation Name
AFRIQUE CONNECTION INC

Principal Place of Business
5558 W. OAKLAND PARK BLVD.
LAUDERHILL
FLORIDA FL 33313

Mailing Address
5558 W. OAKLAND PK. BLVD
LAUDERHILL
FLORIDA FL 33313

3. Date Incorporated or Qualified: 4/24/96
3a. Date of Last Report: N/A

2. Principal Place of Business
21 5558 W. OAKLAND PARK BLVD
22 Suite, Apt. #, etc.
23 City & State: LAUDERHILL FLORIDA
24 Zip: FL 33313
25 Country: U.S.A.

2a. Mailing Address
26 5558 W. OAKLAND PARK BLVD
27 Suite, Apt. #, etc.
28 City & State: LAUDERHILL FLORIDA
29 Zip: FL 33313
30 Country: U.S.A.

4. FEI Number: 65-0672381 ☐ 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

10. Name and Address of New Registered Agent

81 Name: ELWIN D. CUMMINGS-PALMER
82 Street Address (P.O. Box Number is Not Acceptable): 5558 W. OAKLAND PARK BLVD.
83
84 City: LAUDERHILL FL 85 Zip Code: 33313

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: ELWIN D. CUMMINGS-PALMER PRESIDENT 8/16/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT ELWIN D. CUMMINGS-PALMER 5558 W. OAKLAND PARK BLVD LAUDERHILL FL 33313 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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-09/02/97--01161--001
****165.00 ☐ ****155.00 Addition
8-28-97

CR2E034 (9/96)

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.

SIGNATURE: ELWIN D. CUMMINGS-PALMER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AFRIQUE CONNECTION Inc.

5558 W OAKLAND PARK BOULEVARD
LAUDERHILL
FLORIDA FL. 33313
TEL: 954-485-8802 Fax: 954-731-0391
E-Mail afrique@safari.net

25th August 1997

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

Attn. Andy Dunlap
Document Specialist
Letter Number: 497A00042117

Dear Sir ,

Further to your letter referenced above , dated August 20 , please note that following discussions with my agent , Mr. Sean Toner has agreed to waive the late fee as the original form was destroyed ; the mail was not received .

Section 13 of the form is now duly completed and returned herewith .

We thank you for your kind assistance .

Sincerely ,

Elwin D.Cummings-Palmer