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Jun 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000092849

1. Corporation Name

AJAMI CORPORATION

Principal Place of Business

Mailing Address

1001 NW 197 TERR

1001 NW 197 TERR

MIAMI FL 33169

MIAMI FL 33169

2. Principal Place of Business

21 1001 NW 197 TERR

2a. Mailing Address

26 1001 NW 197 TR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 MIAMI, FL 33169

City & State

28 MIAMI, FL

Zip

Country

Zip

Country

24

25

29

30 33169

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/13/96

3a. Date of Last Report

4. FET Number

Applied For

Not Applicable

5. Certificate of Status Desired

8

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

5

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

10. Name and Address of New Registered Agent

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. 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 and printed in full, and title if applicable

(NOTE: Registered Agent's signature required when resigning)

JOHN I. AGBEYEGBE PRESIDENT

4/30/97

12. OFFICERS AND DIRECTORS

DELETE

1. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P/V/S/T
JOHN I. AGBEYEGBE
1001 NW 197 TERR
MIAMI, FL 33169

2. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

3. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change

Addition

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

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

100002218341

-06/20/97--01053--016

***173.75

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 in an attachment with an address.

SIGNATURE:

JOHN I. AGBEYEGBE PRESIDENT 4/30/97 (305) 690-9901

CR2E034 (9/96)