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PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000015529

1. Corporation Name  
AFRICAN FOOD PLUS, INC.

Principal Place of Business  
7500 NORTHWEST 22ND AVE.  
MIAMI FL 33147

Mailing Address  
7500 NORTHWEST 22ND AVE.  
MIAMI FL 33147



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
02/14/1997

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
65-0725837

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  \$5.00 May Be Added to Fees

23 Zip Country

28 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

24 33147-6016 25

29 33147-6016 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VILONE, ALFRED  
2500 E. LAS OLAS BLVD.  
FT. LAUDERDALE FL 33301

81 Name  
ABDALLAH MOHAMED

82 Street Address (P.O. Box Number is Not Acceptable)  
498 N.W. 165TH ST #D207

83

84 City MIAMI FL 85 Zip Code 33169

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)

02/03/99  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DTS  DELETE  
NAME MOHAMED, ABDALLAH  
STREET ADDRESS 7500 NORTHWEST 22ND AVE.  
CITY-ST-ZIP MIAMI FL 33147

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS 498 N.W. 165TH ST #D207  
1.4 CITY-ST-ZIP Miami, Fl 33169

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ABDALLAH MOHAMED  
President 02/03/99 (305) 696-8112  
Date Daytime Phone #

CR2E034 (11/98)