FILED
May 11, 2001 8:00 am
Secretary of State
05-11-2001 90127 029 ***150.00

DOCUMENT # P 97000096096

1. Entity Name
AFRICMANIA, INC.

Principal Place of Business	Mailing Address
2775 EAST 10 AVE HIALEAH, FL. 33013	2775 EAST 10 AVE HIALEAH, FL. 33013

A0061822

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2775 EAST 10 AVE	2775 EAST 10 AVE
Suite, Apt #, etc	Suite, Apt #, etc.
City & State: HIALEAH FL. 33013	City & State: HIALEAH FL. 33013
Zip: 33013 / Country:	Zip: 33013 / Country:

4. FEI Number: 65-0799083 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RICARDO GARCIA
2775 EAST 10Th. AVE.
HIALEAH FL, 33013

7. Name and Address of New Registered Agent

Name: RICARDO GARCIA
Street Address (P.O. Box Number is Not Acceptable)
2775 EAST 10Th AVE.
City: HIALEAH FL Zip Code: 33013

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE ______________________ 4/24/2000
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

[redacted]

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Garcia, Ricardo 2775 East 10th Ave. Hialeah, Fl. 33013 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ______________________ 04/25/2001 ~~4/24/2000~~ 305-835-7005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #