

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995

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



APPROVED AND FILED
MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S50181 (4)**

1. Corporation Name
MIAMI AFRICAN SPOT INC.

Principal Place of Business: **13261 NW 7 AVENUE MIAMI FL 33188**
Mailing Address: **19201 NW 7 AVENUE MIAMI FL 33168**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 18441 NW 2 AVE		26 18441 NW 2 AVE		05/03/1991		04/07/1994	
22 #220		27 #220		4. FEI Number		Applied For	
23 MIAMI FLORIDA		28 MIAMI FLORIDA		65-0342199		Not Applicable	
24 33169		25 DADE		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
29 33169		30 DADE		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

ADIGUN, LATEEF
3242 NW 204 TERRACE
MIAMI FL 33056

81 Name **OLA OLAIGBE**
82 Street Address (P.O. Box Number is Not Acceptable) **18441 NW 2 AVE #220**
83
84 City **MIAMI** FL 85 Zip Code **33169**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, I, the undersigned, being a duly authorized officer or registered agent of the corporation, hereby certify that the information furnished on this report is true and accurate, and that I am a resident of this state, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE **OLA OLAIGBE VP** 04-13-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	NAME ADIGUN, LATEEF STREET ADDRESS 3242 NW 204 TERRACE CITY, ST, ZIP MIAMI FL 33056	TITLE P/SECRETARY	NAME MOHAMMED AKANDE STREET ADDRESS 18440 NW 2 AVE #220 MIAMI FLA CITY, ST, ZIP MIAMI FLA 33169
TITLE	NAME	TITLE	NAME
TITLE	NAME	TITLE	NAME
TITLE	NAME	TITLE	NAME
TITLE	NAME	TITLE	NAME
TITLE	NAME	TITLE	NAME
TITLE	NAME	TITLE	NAME
TITLE	NAME	TITLE	NAME
TITLE	NAME	TITLE	NAME

14. I, the undersigned, hereby certify that the information furnished on this report is true and accurate, and that I am a resident of this state, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: **4/13/95** (315) 654-4090