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Jun 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N37089
1. Corporation Name
ANTIGUA AND BARBUDA ASSOCIATION, INC.
1100 S.W. 7TH STREET
DEERFIELD BEACH, FLORIDA 33441

Principal Place of Business Mailing Address
1100 S.W. 7TH STREET
DEERFIELD BEACH, FLORIDA 33441

3. Date Incorporated or Qualified **3-15-90** 3a. Date of Last Report **09-19-96**

2. Principal Place of Business 2a. Mailing Address
21 **1100 S.W. 7TH STREET** 26 **1100 S.W. 7TH STREET**
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **650248357** Applied For Not Applicable

22 - Suite, Apt. #, etc. 27 - Suite, Apt. #, etc.

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

23 **DEERFIELD BCH, FL.** 28 **DEERFIELD BCH, FL.**
City & State City & State

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

24 **33441** 25 Country 29 **33441** 30 Country
Zip Zip

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
R. DANIEL KOPPEN, ESQ.
700 N.E. 90 STREET
MIAMI, FLORIDA 33138

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-instating) DATE _____
Signature: Typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT/DIRECTOR <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERONICA SAMUEL	1.2 NAME	
STREET ADDRESS	1100 S.W. 7TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH, FLORIDA 33441	1.4 CITY-ST-ZIP	
TITLE	VICE PRES/DIRECTOR <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINIFRED D. BROWN	2.2 NAME	
STREET ADDRESS	555 N.W. 125TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FLORIDA 33168	2.4 CITY-ST-ZIP	
TITLE	SECRETARY/DIRECTOR <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISCONSIN GORE	3.2 NAME	
STREET ADDRESS	10200 S.W. 168TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FLORIDA 33157	3.4 CITY-ST-ZIP	
TITLE	ASST. SECRETARY/DIRECTOR <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENROY SAMUEL	4.2 NAME	
STREET ADDRESS	1100 S.W. 7TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH, FL. 33441	4.4 CITY-ST-ZIP	
TITLE	TREASURER <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENZIL ADAMS	5.2 NAME	200002212722
STREET ADDRESS	20553 N.W. 39TH COURT	5.3 STREET ADDRESS	-06/16/97--01043--033
CITY-ST-ZIP	MIAMI, FLORIDA 33055	5.4 CITY-ST-ZIP	***61.25
TITLE	PARLIAMENTARIAN <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYDNEY PRINCE	6.2 NAME	CS
STREET ADDRESS	1431 N.W. 175 TERR.	6.3 STREET ADDRESS	6/11/97
CITY-ST-ZIP	MIAMI, FLORIDA 33169	6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Veronica Samuel, President* **JUNE 3, 1997** (305)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E087 (9/96)