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Feb 26 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000004245 (7)

1. Corporation Name

GHANAIA ASSOCIATION OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

15840 SW 102 AVE  
MIAMI FL 33157  
USP.O. BOX 6456  
FORT LAUDERDALE FL 33310-6456  
US3. Date Incorporated or Qualified  
09/17/19933a. Date of Last Report  
02/28/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City &amp; State

27 City &amp; State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
65-0438024Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NYANTE, SAMUEL A.  
22475 LABRADOR STREET  
BOCA RATON FL 33428

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD  
NAME KAKRAH, JAMES  
STREET ADDRESS 15840 SW 102 AVE  
CITY-ST-ZIP MIAMI FL1.1 TITLE PD  
1.2 NAME KAKRAH, JAMES  
1.3 STREET ADDRESS 15840 SW 102 AVE  
1.4 CITY-ST-ZIP MIAMI FL 33157TITLE PD  
NAME ANTWI, KINGSLEY  
STREET ADDRESS 3396 FOXCROFT BLDG #102  
CITY-ST-ZIP MIRAMAR FL2.1 TITLE VPD  
2.2 NAME MRS MOMAN, VICKY  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE SD  
NAME KUBAYANDA, GILBERT  
STREET ADDRESS 1871 NW 42 TERR #E207  
CITY-ST-ZIP LAUDERHILL FL3.1 TITLE SD  
3.2 NAME MR TAGDE, NII  
3.3 STREET ADDRESS 2921 SOMERSET DR #202  
3.4 CITY-ST-ZIP FT. LAUDERHILL FL 33311TITLE T  
NAME NYANTE SAMUEL A.  
STREET ADDRESS 22475 LABRADOR STREET  
CITY-ST-ZIP BOCA RATON FL4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE PR  
NAME COOMSON, JOSEPH  
STREET ADDRESS 11944 SW 273 STREET  
CITY-ST-ZIP HOMESTEAD FL5.1 TITLE PR  
5.2 NAME MR ADJEI, KWAKU  
5.3 STREET ADDRESS 17168 SW 144 PL  
5.4 CITY-ST-ZIP MIAMI FL 33177TITLE ASD  
NAME LARBI, DAVID  
STREET ADDRESS 3825 NW 183 STREET  
CITY-ST-ZIP CAROL CITY FL6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/97 561-955-6453  
Date Daytime Phone # 0036006

CR2E037 (9/96)