

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000004347 (1)

1. Corporation Name

GLOBAL REFORM AND DEVELOPMENT, INC.



Principal Place of Business

Mailing Address

100 NE 6TH AVE., SUITE 131
HOMESTEAD FL 33030

PO BOX 824088
MIAMI FL 33092

3. Date Incorporated or Qualified
09/27/1993

3a. Date of Last Report
02/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

77-0100981

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. 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

AWITY, FRANCIS X
100 NE 6TH AVE., SUITE 131
HOMESTEAD FL 33030

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 PMD
NAME AWITY, FRANCIS X
STREET ADDRESS 100 NE 6TH AVE.
CITY-ST-ZIP HOMESTEAD FL 33030 ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME AMOAH, DIVNE E
STREET ADDRESS 10121 COSTA DEL SOL BLVD.
CITY-ST-ZIP MIAMI FL 33178 ☐ DELETE

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

TITLE MDT
NAME KHAN, SHOAIB A
STREET ADDRESS 11025 SW 154 TERRACE
CITY-ST-ZIP MIAMI FL 33157 ☐ DELETE

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

TITLE CS
NAME WHITMAN, BARBARA D
STREET ADDRESS 443 ALBERTO WAY, B119
CITY-ST-ZIP LOS GATOS CA 95032 ☐ DELETE

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

TITLE MD
NAME AKOGO, YAO D
STREET ADDRESS BP 736, N/A
CITY-ST-ZIP LOME-TOGO W/A ☐ DELETE

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

TITLE MD
NAME TSENUOKPOR, SYLVANUS Y
STREET ADDRESS PO BOX C-426, N/A
CITY-ST-ZIP CANTONMENTS, ACCRA-THANA W/A ☐ DELETE

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 changing officer or director with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANCIS X. AWITY 4-13-96 (305) 242-0221

Date

Daytime Phone #

CR2E037 (12/95)