

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90146 048 ****61.25

DOCUMENT # F93000004347

1. Corporation Name

GLOBAL REFORM AND DEVELOPMENT, INC.

Principal Place of Business

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

Mailing Address

**PO BOX 924088
MIAMI FL 33092**



2. Principal Place of Business

21 31 SE 2ND ROAD

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 43

Suite, Apt. #, etc.

27

City & State

23 HOMESTEAD, FL.

City & State

28

Zip

24 33030

Country

25 U.S.A

Zip

29

Country

30

3. Date Incorporated or Qualified

09/27/1993

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

9. Name and Address of Current Registered Agent

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

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:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **PMD**
NAME **AWITY, FRANCIS X**
STREET ADDRESS **100 NE 6TH AVE.**
CITY-STATE-ZIP **HOMESTEAD FL 33030**

TITLE **VD**
NAME **AMOAH, DIVINE E**
STREET ADDRESS **10121 COSTA DEL SOL BLVD.**
CITY-STATE-ZIP **MIAMI FL 33178**

TITLE **MDT**
NAME **KHAN, SHOAB A**
STREET ADDRESS **11025 SW 154 TERRACE**
CITY-STATE-ZIP **MIAMI FL 33157**

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

TITLE **MD**
NAME **KPODZO, DR. ELIAS**
STREET ADDRESS **BP 736, N/A**
CITY-STATE-ZIP **LOME-TOGO W/A**

TITLE **MD**
NAME **ANWITY, PETER K**
STREET ADDRESS **PO BOX C-426, N/A**
CITY-STATE-ZIP **CANTONMENTS, ACCRA-THANA W/A**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. 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 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 designated with an address, with all other like empowered.

SIGNATURE:

AWITY, FRANCIS X **4-21-99** **(305) 242-0221**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0080557