


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N38679** (9)

1. Corporation Name

SOUTH FLORIDA GUYANESE ASSOCIATION, INC.

SOUTH FLORIDA GUYANESE CULTURAL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4440 NW 11TH ST
LAUDERHILL FL 33313

4440 NW 11TH ST
LAUDERHILL FL 33313-6612



3. Date Incorporated or Qualified **06/18/1990** 3a. Date of Last Report **04/18/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0201288		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country		30 Country			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HYMAN, GEORGE R.
4200 NW 35 AVENUE
LAUDERDALE HILLS FL 33309

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENBOW, GEORGE	1.2 NAME	NORVILLE, CYRIL
STREET ADDRESS	9761 ATLANTIC DR	1.3 STREET ADDRESS	4440 NW 11TH STREET
CITY - ST - ZIP	MIRAMAR FL	1.4 CITY - ST - ZIP	LAUDERHILL, FL 33313
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERSTING, ELIZABETH	2.2 NAME	
STREET ADDRESS	2608 NW 47TH LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAUDERDALE LAEKS FL	2.4 CITY - ST - ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORVILLE, CYRIL	3.2 NAME	BAKER, COLLIN
STREET ADDRESS	4428 NW 11TH ST	3.3 STREET ADDRESS	615 NW 18TH ST
CITY - ST - ZIP	FT LAUDERDALE FL	3.4 CITY - ST - ZIP	MIAMI, FL 33015
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	2000021613912 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	-05/01/97--01016--038
STREET ADDRESS		6.3 STREET ADDRESS	***61.25
CITY - ST - ZIP		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: **Cyril Norville**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-14-97** 792
Daytime Phone # **954-0056** 0034917

CR2E037 (9/96)