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APPROVED
INC
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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State 1995 MAY -1 PM 3:05
DIVISION OF CORPORATIONS
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N46115** **(4)**

1. Corporation Name

GUYANA ASSOCIATION OF FLORIDA INC.

Principal Place of Business	Mailing Address
1282 SUMMERWOOD CIRCLE W. PALM BEACH FL 33414	1282 SUMMERWOOD CIRCLE W. PALM BEACH FL 33414

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/18/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0301615 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$0.75 Additional Fee Required
21 18031 NW 52ND CT	26 18031 NW 52ND CT		
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
23 City & State MIAMI FL	28 City & State MIAMI FL	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
24 Zip 33055 25 Country USA	29 Zip 33055 30 Country USA	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
CUMMINGS, FRANK 1282 SUMMERWOOD CIRCLE WEST PALM BEACH FL 33414	81 Name: MAPLE SMITH 82 Street Address (P.O. Box Number is Not Acceptable): 18031 NW 52 ND CT 83 84 City: MIAMI FL 85 Zip Code: 33055

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: X Maple Smith — MAPLE SMITH — 05-07-95
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	PD	11 TITLE	PD ☑ Change ☐ Addition
NAME	CUMMINGS, FRANK	12 NAME	LONDON, LAWRENCE
STREET ADDRESS	1282 SUMMERWOOD CIRCLE	13 STREET ADDRESS	14200 SW 97 AVE
CITY-ST-ZIP	W. PALM BEACH FL	14 CITY-ST-ZIP	MIAMI FL 33176
TITLE	TD	21 TITLE	☑ Change ☐ Addition
NAME	SKEETE, HERMAN	22 NAME	
STREET ADDRESS	8521 S.W. 180 ST.	23 STREET ADDRESS	7924 SW 185 TERR
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	MIAMI FL 33157
TITLE	SD	31 TITLE	SD ☑ Change ☐ Addition
NAME	BOBB, MYRTLE	32 NAME	SMITH, MAPLE
STREET ADDRESS	~~19802 NW 8TH COURT~~	33 STREET ADDRESS	18031 NW 52 ND CT
CITY-ST-ZIP	~~MIAMI FL~~	34 CITY-ST-ZIP	MIAMI FL 33055
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	500001495389 Addition
NAME		52 NAME	-05/17/95--01175--021
STREET ADDRESS		53 STREET ADDRESS	****155.00 ****155.00
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	SD
STREET ADDRESS		63 STREET ADDRESS	5-1-95
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(i), Florida Statutes. I further certify that the information indicated on the 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: Herman A Skeete - HERMAN SKEETE - 05-07-95 305-251-9274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048022