FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000001912 (5)**

1. Corporation Name

GUYANESE COMMUNITY OF FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1837 S STATE ROAD 7 FT LAUDERDALE FL 33317	1837 S STATE ROAD 7 FT LAUDERDALE FL 33317

3. Date Incorporated or Qualified: 04/28/1993
3a. Date of Last Report: 10/31/1994
4. FEI Number: 65-0338528 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
21	26		
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	**$68.75** Supplemental Fee Not Required
Zip 24 / County 25	Zip 29 / County 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

RAMCHARITAR, NARINE
1837 S STATE ROAD 7
FT LAUDERDALE FL 33317

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 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when executed.) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	DIRECTOR	☑ Change ☐ Addition
NAME	RAMCHARITAR, NARINE	12 NAME		
STREET ADDRESS	13761 APPALACHIAN TRAIL	13 STREET ADDRESS		
CITY ST ZIP	DAVIE FL 33325	14 CITY ST ZIP		
TITLE	TD	21 TITLE		☐ Change ☐ Addition
NAME	RAMBARRAN, HARRY	22 NAME		
STREET ADDRESS	2625 HUNTER CT	23 STREET ADDRESS		
CITY ST ZIP	FT LAUDERDALE FL 33331	24 CITY ST ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	GONSALVES, NOEL	32 NAME		
STREET ADDRESS	15920 SEDGEWYCK CIR S.	33 STREET ADDRESS		
CITY ST ZIP	DAVIE FL 33331	34 CITY ST ZIP		
TITLE	D	41 TITLE	PRESIDENT, DIRECTOR	☑ Change ☐ Addition
NAME	ROSHANALI, RAMZAN	42 NAME		
STREET ADDRESS	350 SW 124TH AVE	43 STREET ADDRESS		
CITY ST ZIP	MIRAMAR FL 33027	44 CITY ST ZIP		
TITLE		51 TITLE		☑ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
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 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: Ramcharitar N. RAMCHARITAR 4/24/95 305-717-6044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00044681