

# FILE NOW: FILING FEE IS \$61.2

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. McN  
Secretary of  
DIVISION OF CORPORATIONS

**DOCUMENT # N93000001912 (5)**

1. Corporation Name

**GUYANESE COMMUNITY OF FLORIDA, INC.**



Principal Place of Business

**1837 S STATE ROAD 7  
FT LAUDERDALE FL 33317**

Mailing Address

**1837 S STATE ROAD 7  
FT LAUDERDALE FL 33317**

3. Date Incorporated or Qualified  
**04/28/1993**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** **25**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip City

**29** **30**

4. FEI Number  
**65-0338528**

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

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

**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

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RAMCHARITAR, NARINE</b>	
STREET ADDRESS	<b>13761 APPALACHIAN TRAIL</b>	
CITY - ST - ZIP	<b>DAVIE FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>RAMBARRAN, HARRY</b>	
STREET ADDRESS	<b>2625 HUNTER CT</b>	
CITY - ST - ZIP	<b>FT LAUDERDALE FL 33331</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>GONSALVES, NOEL</b>	
STREET ADDRESS	<b>15920 SEDGEWYCK CIR S.</b>	
CITY - ST - ZIP	<b>DAVIE FL 33331</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>ROSHANALI, RAMZAN</b>	
STREET ADDRESS	<b>350 SW 124TH AVE</b>	
CITY - ST - ZIP	<b>MIRAMAR FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE		
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address.

SIGNATURE:

*Narine Ramcharita* **NARINE RAMCHARITA**

**4/30/96**

Date

Daytime Phone #

CR2E037 (12/95)