

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N93000004245

1. Corporation Name

GHANAIAN ASSOCIATION OF SOUTH FLORIDA, INC.

Principal Place of Business

15840 SW 102 AVE
MIAMI FL 33157
US

Mailing Address

P.O. BOX 6456
FORT LAUDERDALE FL 33310
US

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90170 050 ****61.25

08-24-1999 90005 026 ****61.25



2. Principal Place of Business

21 **16146 NW 14TH CT**

Suite, Apt. #, etc.

22

City & State **PEMBROKE PINES, FL.**

Zip **33028** Country **U.S.A.**

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

3. Date Incorporated or Qualified

09/17/1993

4. FEI Number

65-0438024

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

NYANTE, SAMUEL A.
22475 LABRADOR STREET
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name **KINGSLEY A. ANTWI**

82 Street Address (P.O. Box Number is Not Acceptable)

83

City **PEMBROKE PINES** FL **85** Zip Code **33028**

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)

8/10/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME **PD**
STREET ADDRESS **DZEGEDE, TONY**
CITY-ST-ZIP **2801 SW 15TH**
DEERFIELD BEACH FL 33442

TITLE ☒ DELETE

NAME **VPD**
STREET ADDRESS **NYANTE, SAMUEL**
CITY-ST-ZIP **22475 LABRADOR ST**
BOCA RATON FL 33428

TITLE ☒ DELETE

NAME **SD**
STREET ADDRESS **KUBAYANDA, GILBERT**
CITY-ST-ZIP **1871 NW 42ND TERR, #E207**
LAUDERHILL FL

TITLE ☒ DELETE

NAME **ASD**
STREET ADDRESS **DANSO, KWAME**
CITY-ST-ZIP **6621 NERVIA ST**
CORAL GABLES FL 33146

TITLE ☒ DELETE

NAME **T**
STREET ADDRESS **TWENEOAH, KWAME**
CITY-ST-ZIP **613 SW 76TH AVE**
FT LAUDERDALE FL 33068

TITLE ☒ DELETE

NAME **DR**
STREET ADDRESS **FYNN, KWASI**
CITY-ST-ZIP **440 SW 176TH AVE**
PEMBROKE PINES FL 33029

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PRESIDENT ☒ Change ☐ Addition

1.2 NAME

KINGSLEY A. ANTWI

1.3 STREET ADDRESS

16146 NW 14TH CT

1.4 CITY-ST-ZIP

PEMBROKE PINES, FL. 33028

2.1 TITLE

VICE PRESIDENT ☒ Change ☐ Addition

2.2 NAME

JOHNNY AKITI

2.3 STREET ADDRESS

2831 RIVERVIEW CIR. NORTH

2.4 CITY-ST-ZIP

MIRAMAR FL. 33025

3.1 TITLE

PUBLIC RELATIONS OFFICER ☒ Change ☐ Addition

3.2 NAME

GILBERT KUBAYANDA

3.3 STREET ADDRESS

4341 NW 19TH ST. APT. 4

3.4 CITY-ST-ZIP

LAUDERHILL FL. 33313

4.1 TITLE

SECRETARY ☒ Change ☐ Addition

4.2 NAME

KOBINA A. AIDOO

4.3 STREET ADDRESS

11300 NE 2ND AVE

4.4 CITY-ST-ZIP

MIAMI SHORES, FL 23161

5.1 TITLE

TREASURER ☒ Change ☐ Addition

5.2 NAME

KWAKU AGYEI

5.3 STREET ADDRESS

17168 SW 144 PLACE

5.4 CITY-ST-ZIP

MIAMI FL. 33177

6.1 TITLE

ASSISTANT SECRETARY ☒ Change ☐ Addition

6.2 NAME

SAMUEL DOKU

6.3 STREET ADDRESS

432 NW 1ST. AVE

6.4 CITY-ST-ZIP

DEERFIELD BEACH, FL. 33441

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KINGSLEY ANTWI **8/10/99** **(954) 442-7711**

Date

Daytime Phone #

CR2E037 (5/99)