FILE NOW: FILING FEE IS \$61.25

, NONPROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham .

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # N97000003705 (7)

FILED Jun 18 1998 8:00am Secretary of State

RAMCHARITAR - MOHAMED GUYANESE CRICKET COMPETITI ON, INC.										11 (
Principal Place of Business Mailing Address							r ramiritär dið imin ráðir Majil Óðríf	ARIST AGSEL AB I	44 (111) (44)	Antar Bill 1861	
1837 \$ STATE RD R FT LAUDERDALE FL 33317 1837 \$ STATE RD R FT LAUDERDALE FL 33317							3. Date Incorporated or Qualified 06/27/1997				
						ŀ	4. FEI Number 65-076328	u) 	Applied For	
2. Principal F	Place of Business	2a. Mailing Address							 _	Not Applicable	
21		26					5. Certificate of Status Desired			Additional Required	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					8. Election Campaign Financing		\$5.00	May Be	
22		27					Trust Fund Contribution	[_]		to Fees	
City & Stat	le	City & State					7. Is this nonprofit corporation a homeowners association?				
Zip	Country	Zip Country					This corporation owes or has paid the current year Intangible				
24	25	29	30	,			Personal Property Tax due June	-		No No	
	8. Name and Address of Curre						10. Name and Address of New R	egistered A	gent		
	-			B1	Name						
	IED, MANAF S			82	Street	Addres	(P.O. Box Number is Not Accepte	ble)			
	FFERSON ST										
HOLLY	VO O D FL 33021			83							
				84	City			FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 617.050	02 and 617.1508. Florida Statut	es, the a	bove	a-named	COPDOP	ation submits this statement for the		changing	its registered	
office or i	to the provisions of Sections 617.050 registered agent, or both, in the State am (amiliar with, and accept the oblig	of Florida, Such change was retions of Section 617 0503. Florida	authorize	d by	the corp	poration	's board of directors. I hereby acce	pt the appo	ointment a	s registered	
·	arm serimar with, and accept the being	garona or, buonor o priodoo, i i	onda ota	(0100	••						
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NOT	E: Registere	d Age	nt signature	required	when reinstating)	DATE			
12.	γ 	ID DIRECTORS	13.				ADDITIONS/CHANGES TO OFFI	CERS AND			
TITLE	PD	☐ DELETE	1.1 70						Change	Addition	
NAME	MOHAMED, MANAF S		1.2 N								
STREET ADDRESS	4308 JEFFERSON ST				ADDRESS						
CITY-ST-ZIP TITLE	HOLLYWOOD FL 33021	☐ DELÉTE	1.4 Cl 2.1 Tl	ITY+S	1-210				Change	Addition	
NAME	RAMCHARITAR, HILTON N	L. OLLER	2.1 N	-				'			
STREET ADDRESS	13761 APPLACHIAN TRAIL				ADDRESS						
CITY-ST-ZIP	DAVIE FL 33325		1		ST-ZIP						
TITLE	0	DELETE	3.1 TI						Change	Addition	
NAME	ROSHANALI, RAMZAN		3.2 N	AME	l						
STREET ADDRESS	3550 SW 124TH AVE		3.3 S	TREET	ADDRESS						
CITY-ST-ZIP	MIRAMAR FL 33027		3.4. 0	ITY-S	ST-ZIP						
TITLE		DELETE	4.1 TI	TLÉ					Change	Addition	
NAME			4. 2 N	IAME							
STREET ADDRESS			4.3 ST	TAEET	address	l I					
CITY-ST-ZIP					T-ZIP				- A		
TITLE		DELETE	5.1 TI					i	Change	Addition	
NAME			5.2 N		- {						
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP		DELETE	5.4 Ci		T-ZiP				Change	☐ Addition	
TITLE			6.1 T/					1	onange		
NAME OTOGET ADDRESS			6.2 N		*DDDCCC						
STREET ADDRESS			1		ADDRESS						
CITY-ST-ZIP	<u> </u>		6.4 CI	IIY-S	T-ZIP	L	11 440 02/0V/h El14- C:				

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 supplemented 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.

Win O