

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 02 1997 8:00am
Secretary of State

| | | |
|----------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|----------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # P94000079617 (4)
 1. Corporation Name
GUYANA WEST INDIAN GROCERY INC.



| | |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Principal Place of Business % 1700 NORTH MAIN STREET SUITE C KISSIMEE FL 34744 | Mailing Address % 1700 NORTH MAIN STREET SUITE C KISSIMEE FL 34744 |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

| | |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. |
| 22. City & State | 27. City & State |
| 23. Zip Country | 28. Zip Country |
| 24. Zip | 29. Zip |
| 25. Country | 30. Country |

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 3. Date Incorporated or Qualified 10/31/1994 | 3a. Date of Last Report 04/19/1996 |
| 4. FEI Number 59-3282747 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**SINGH, LATCHMAN
 179 TOLUCA DR
 KISSIMEE FL 34743**

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------|
| TITLE | NAME | 1.1 TITLE | 1.2 NAME |
| <input type="checkbox"/> DELETE | P SINGH, PRAINANATI D 179 TOLUCA DR KISSIMEE FL | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> DELETE | | 1.3 STREET ADDRESS | |
| <input type="checkbox"/> DELETE | | 1.4 CITY-ST-ZIP | |
| <input type="checkbox"/> DELETE | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> DELETE | | 2.2 NAME | |
| <input type="checkbox"/> DELETE | | 2.3 STREET ADDRESS | |
| <input type="checkbox"/> DELETE | | 2.4 CITY-ST-ZIP | |
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| <input type="checkbox"/> DELETE | | 6.2 NAME | |
| <input type="checkbox"/> DELETE | | 6.3 STREET ADDRESS | |
| <input type="checkbox"/> DELETE | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached page with an address.

SIGNATURE: _____ **SIGNATURE REQUIRED** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/97 407-931-0992
 Date Daytime Phone #

CR2E034 (9/96)