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Apr 16 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 # P96000088106 (5)

1. Corporation Name

RAMSAD FOUNDATION INCORPORATED



Principal Place of Business

717 NEW YORK STREET
WEST PALM BEACH FL 33401

Mailing Address

717 NEW YORK STREET
WEST PALM BEACH FL 33401-6801

3. Date Incorporated or Qualified
10/24/1996

3a. Date of Last Report

2. Principal Place of Business

21 717 New York St.

Suite, Apt. #, etc.

22

City & State

23 West Palm Beach, Florida

Zip

24 33401

Country

25 U.S.

2a. Mailing Address

26 717 New York St.

Suite, Apt. #, etc.

27

City & State

28 West Palm Beach, FL

Zip

29 33401

Country

30 U.S.

4. FEI Number

52-2002614

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

RAMPERSAD, RADHA
717 NEW YORK STREET
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name Radha Anne Rampersad

82 Street Address (P.O. Box Number is Not Acceptable)
717 New York St.

83 West Palm Beach, Florida

84 City

West Palm Beach

85 Zip Code

FL 33401

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 607.0503, Florida Statutes.

SIGNATURE

Radha Anne Rampersad, owner President 4/1/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME Radha Anne Rampersad

STREET ADDRESS 717 New York St.

CITY-ST-ZIP W. P. B., FL 33401

TITLE ☐ DELETE

NAME Vice President

STREET ADDRESS Radha

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME President - P Radha Anne Rampersad

1.3 STREET ADDRESS 717 New York St.

1.4 CITY-ST-ZIP W. P. B., FL 33401

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Radha Anne Rampersad / President
4/1/97 (561) 832-9590

Date

Daytime Phone #

CR2E034 (9/96)