

**FORM 19B**  
**INSTRUCTIONS ON REVERSE**



**JAMAICA**  
**THE COMPANIES ACT**  
 ANNUAL RETURN  
 COMPANY NOT HAVING A SHARE CAPITAL  
 (Pursuant to sections 123 & 124)

1. NAME OF COMPANY

1A. COMPANY NUMBER

1B. COMPANY TAXPAYER REGISTRATION NUMBER

1C. COMPANY FAX NUMBER

1D. TYPE OF COMPANY:

PRIVATE

PUBLIC

2. LOCATION OF REGISTERED OFFICE

STREET	
TOWN	
POST OFFICE	
PARISH	

2A. MAILING ADDRESS

STREET	
TOWN	
POST OFFICE	
PARISH	

2B. LOCATION OF REGISTER OF MEMBERS IF NOT KEPT AT THE REGISTERED OFFICE

STREET	
TOWN	
POST OFFICE	
PARISH	

3. HAS THERE BEEN A CHANGE OF REGISTERED OFFICE? YES   
 NO

3A. IF YES, HAS FORM 17 BEEN FILED   
 ATTACHED

---

4. HAS THERE BEEN A CHANGE OF DIRECTOR (S) ?

YES

NO

4A. IF YES, HAS FORM 23 BEEN

FILED

ATTACHED

5. HAS THERE BEEN AN INCREASE IN THE NUMBER OF REGISTERED MEMBERS? YES   
NO

5A. HAS NOTICE BEEN GIVEN TO THE REGISTRAR OF COMPANIES? YES   
NO

6. DATE OF LAST ANNUAL RETURN  
YEAR MONTH DAY

6A. DATE UP TO WHICH PRESENT ANNUAL RETURN IS MADE  
YEAR MONTH DAY

7. TOTAL AMOUNT OF INDEBTEDNESS OF THE COMPANY IN RESPECT OF ALL MORTGAGES AND CHARGES OF THE KIND WHICH ARE REQUIRED TO BE REGISTERED WITH THE REGISTRAR UNDER SECTION 93 OF THE COMPANIES ACT:  
\$

8. THE DIRECTORS AND SHADOW DIRECTORS OF THE COMPANY AS OF THE DATE OF THE ANNUAL RETURN WERE:

NAME	ADDRESS	OCCUPATION	NATIONALITY	DATE OF APPOINTMENT

**[SHADOW DIRECTORS SHOULD BE IDENTIFIED WITH AN ASTERICK (\*) BESIDE THEIR NAMES]**

9. THE SECRETARY OF THE COMPANY AS OF THE DATE OF THE ANNUAL RETURN WAS:

NAME	ADDRESS	OCCUPATION	NATIONALITY	DATE OF APPOINTMENT

10.

<b>I HEREBY CERTIFY THAT THE CONTENTS OF THIS RETURN ARE CORRECT</b>			
DATE	PRINTED NAME	SIGNATURE	CONTACT #
<b>CAPACITY:</b>			
<input type="checkbox"/> <b>DIRECTOR</b>			
<input type="checkbox"/> <b>SECRETARY</b>			
<input type="checkbox"/> <b>AUTHORIZED OFFICIAL</b>			

11. FILED BY

<b>NAME:</b>			
<b>ADDRESS:</b>	<b>STREET</b>		
	<b>TOWN</b>		
	<b>POST OFFICE</b>		
	<b>PARISH</b>		
<b>E-MAIL ADDRESS:</b>			
<b>CONTACT NUMBER:</b>			
<b>FAX NUMBER:</b>			

12. PARTICULARS OF DIRECTORS

NAME OF DIRECTOR	EMAIL ADDRESS	TAX REGISTRATION NUMBER

13. PARTICULARS OF SECRETARY

NAME OF SECRETARY	EMAIL ADDRESS	TAX REGISTRATION NUMBER

<b>“FOR OFFICIAL USE ONLY”</b>		
COMPANY NUMBER: _____		
FILED: _____	/	_____
DAY		MONTH
	/	_____
		YEAR

Schedule A

FOR A BETTER JAMAICA # 99999

The directors of the company as at the date of the annual return are (cont'd):

NAME	ADDRESS	OCCUPATION	NATIONALITY	DATE OF APPOINTMENT
Thomas Valdez	3420 NW 7 <sup>th</sup> Miami, Florida 33036	Program Administrator	Jamaican	June 7, 2005