

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

**FILED**

**Apr 24 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 # P93000001101 (3)**

1. Corporation Name  
**GLC EXPORT CO.**



Principal Place of Business

**C/O TIMOTHY D. RICHARDS  
2665 S. BAYSHORE DRIVE, SUITE 900  
MIAMI FL 33133**

Mailing Address

**C/O TIMOTHY D. RICHARDS  
2665 S. BAYSHORE DRIVE, SUITE 900  
MIAMI FL 33133-5401**

3. Date Incorporated or Qualified  
**12/30/1992**

3a. Date of Last Report  
**04/10/1996**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

**65-0378291**

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

**RICHARDS, TIMOTHY D  
2665 S. BAYSHORE DRIVE  
SUITE 900  
MIAMI FL 33133**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**  DELETE  
NAME **BALLON, ALFONSO**  
STREET ADDRESS **15810 KINGSMOOR WAY**  
CITY - ST - ZIP **MIAMI LAKES FL**

TITLE **D**  DELETE  
NAME **HAHN, JOHN**  
STREET ADDRESS **12737 S.W. 66TH TERR.**  
CITY - ST - ZIP **MIAMI FL**

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 **D**  Change  Addition  
1.2 NAME **Ballon, Alfonso**  
1.3 STREET ADDRESS **Two Grove Isle Drive, #1705**  
1.4 CITY - ST - ZIP **Miami, FL 33133**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE **Secretary**  Change  Addition  
3.2 NAME **Timothy D. Richards**  
3.3 STREET ADDRESS **2665 S. Bayshore Drive, Ste. 900**  
3.4 CITY - ST - ZIP **Miami, FL 33133**

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:

*Timothy D. Richards*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/97 305-858-9900**  
Date Daytime Phone #

0179342

CR2E034 (9/96)