

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000050006 (3)**

1. Corporation Name  
**GLOBAL TRADERS UNLIMITED, INC.**



Principal Place of Business: **6381 E. 6TH AVENUE HIALEAH FL 33013**  
Mailing Address: **6381 E. 6TH AVENUE HIALEAH FL 33013**

3. Date Incorporated or Qualified: **07/01/1994**  
3a. Date of Last Report: **06/14/1995**

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**

4. FEI Number: **65-0506746**  
Applied For:  Not Applicable

Suite, Apt. #, etc.: **22**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

City & State: **23**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

Zip: **24** Country: **25**

7. This corporation has liability for intangible tax under s 199.032, Florida Statutes:  Yes  No

Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent  
**MIJARES, NOEL  
6381 E. 6TH AVENUE  
HIALEAH FL 33013**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEIVA, DAVID E	1.2 NAME	
STREET ADDRESS	511 E. 40TH STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL 33013	1.4 CITY - ST - ZIP	
TITLE	VS <input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEIVA, MARTHA J	2.2 NAME	
STREET ADDRESS	511 E. 40TH STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL 33013	2.4 CITY - ST - ZIP	
TITLE	COB <input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIJARES, NOEL	3.2 NAME	
STREET ADDRESS	6381 E. 6TH AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL 33013	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual reports 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: Noel Mijares **NOEL MIJARES** 4-28-96 769-1484  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)