

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

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**May 05 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000050006 (3)

1. Corporation Name
GLOBAL TRADERS UNLIMITED, INC.



Principal Place of Business 5881 NW 151ST STREET SUITE 112 MIAMI LAKES FL 33014	Mailing Address 5881 NW 151ST STREET SUITE 112 MIAMI LAKES FL 33014-2455
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3. Date Incorporated or Qualified 07/01/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0506746	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**MJARES, NOEL
6381 E. 6TH AVENUE
HIALEAH FL 33013**

10. Name and Address of New Registered Agent

81. Name	Mijares, Noel
82. Street Address (P.O. Box Number is Not Acceptable)	5881 NW 151st Street, suite 112
83.	
84. City	Miami Lakes
85. Zip Code	FL 33014

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: *Noel Mijares*, **PRESIDENT** DATE: **4-29-97**

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

12. OFFICERS AND DIRECTORS

TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	LEIVA, DAVID E	
STREET ADDRESS	511 E. 40TH STREET	
CITY - ST - ZIP	HIALEAH FL 33013	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	LEIVA, MARTHA J	
STREET ADDRESS	511 E. 40TH STREET	
CITY - ST - ZIP	HIALEAH FL 33013	
TITLE	COB	<input checked="" type="checkbox"/> DELETE
NAME	MJARES, NOEL	
STREET ADDRESS	6381 E. 6TH AVENUE	
CITY - ST - ZIP	HIALEAH FL 33013	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice-President, Treas.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Leiva, David E.	
1.3 STREET ADDRESS	511 E. 40th Street	
1.4 CITY - ST - ZIP	Hialeah, FL 33013	
2.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Leiva, Martha J.	
2.3 STREET ADDRESS	511 E. 40th Street	
2.4 CITY - ST - ZIP	Hialeah, FL 33013	
3.1 TITLE	President, CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Mijares, Noel	
3.3 STREET ADDRESS	5881 NW 151st Street, suite 112	
3.4 CITY - ST - ZIP	Miami Lakes, FL 33014	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Noel Mijares*, **Noel MIJARES** DATE: **4-29-97** (305) 828-5500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)