

APPROVED
JUN 30 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000068560
 1. Corporation Name
 Global Strategies Enterprises Corporation

Principal Place of Business Roberts & Salazar, L.L.P. 50 W. Mashta Drive, Ste 2 Key Biscayne, Fl. 33149	Mailing Address Roberts & Salazar, L.L.P. 50 W. Mashta Drive, Ste 2 Key Biscayne, Fl. 33149
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
8/7/97

21. Principal Place of Business Roberts & Salazar L.L.P. Suite, Apt. #, etc. 50 W. Mashta Dr., Ste 2 City & State Key Biscayne, Florida Zip 33149	22. Mailing Address Roberts & Salazar L.L.P. Suite, Apt. #, etc. 50 W. Mashta Dr., Ste 2 City & State Key Biscayne, Florida Zip 33149	23. Country US	4. FEI Number 65-0778616	Applied For Not Applicable
24. Certificate of Status Desired <input type="checkbox"/>	\$0.75 Additional Fee Required	25. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	26. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

8. Name and Address of Current Registered Agent Lisette Salazar, Esq. c/o Roberts & Salazar LLP 50 W. Mashta Dr. # 2 Key Biscayne, FL 33149	10. Name and Address of New Registered Agent 01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City FL 33 Zip Code
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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 607.0506, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retitling)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Hector Dasso		1.2 NAME Alfonso, Fernando D	
STREET ADDRESS 161 Crandon Blvd., Unit 127		1.3 STREET ADDRESS 201 Crandon Blvd., # 1232	
CITY-ST-ZIP		1.4 CITY-ST-ZIP Key Biscayne, FL 33149	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME Alfonso, Adriana	
STREET ADDRESS		2.3 STREET ADDRESS 201 Crandon Blvd., #1232	
CITY-ST-ZIP		2.4 CITY-ST-ZIP Key Biscayne, FL 33149	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 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	5.1 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	6.1 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 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, with all other like empowered.

SIGNATURE: *[Signature]* 6-21-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED34 (11/98)