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Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000019185

1. Corporation Name
GLOBAL CONCESSIONS INC.

Principal Place of Business
 700 S.W. 36TH AVE.
 MIAMI FL 33135

Mailing Address
 700 S.W. 36TH AVE.
 MIAMI FL 33135



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/27/1998

4. FEI Number
65-0815510 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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 **3663 SW 8th St**

2a. Mailing Address
 26 **3663 SW 8th St**

22 Suite, Apt. #, etc.
3rd Floor

27 Suite, Apt. #, etc.
3rd Floor

23 City & State
MIA FL

28 City & State
MIA FL

24 Zip **33135** 25 Country **USA**

29 Zip **33135** 30 Country **USA**

9. Name and Address of Current Registered Agent

VALLS, FELIPE A JR
700 S.W. 36TH AVE.
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name -
 82 Street Address (P.O. Box Numbers Not Acceptable)
 83
 84 City **MIAMI** 85 Zip Code **FL 33135**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D VALLS, FELIPE A JR	1.2 NAME	VALLS, FELIPE A. JR
STREET ADDRESS	700 S.W. 36TH AVE.	1.3 STREET ADDRESS	700 S.W. 36th AVE
CITY-ST-ZIP	MIAMI FL 33135	1.4 CITY-ST-ZIP	MIAMI, FL 33135
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	SECRETARY VALLS, FELIPE A. SR
STREET ADDRESS		2.3 STREET ADDRESS	700 S.W. 36th AVE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI, FL 33135
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 in an attachment with an address, with all other like empowered.

SIGNATURE: **PRESIDENT, FELIPE A. VALLS, JR** 2/2/99 (305) 446-4916
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (11/98)