

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

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**Feb 27 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 # S96458 (2)

1. Corporation Name
GLOBAL MANAGEMENT SERVICES, INC.



Principal Place of Business: **240 CRANDON BLVD., SUITE 204
KEY BISCAIYNE FL 33149**
Mailing Address: **240 CRANDON BLVD., SUITE 204
KEY BISCAIYNE FL 33149-1543**

3. Date Incorporated or Qualified: **11/25/1991**
3a. Date of Last Report: **04/12/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	22	26	27	65-0305035		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23	24	28	29	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SANTAMARIA, CARLOS J. 240 CRANDON BLVD., SUITE 204 KEY BISCAIYNE FL 33149				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	P	<input type="checkbox"/> DELETE	1.1 TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	CR2E034 (9/96)
NAME	SANTAMARIA, CARLOS J		1.2 NAME	MONTVERDE, ERNESTO			
STREET ADDRESS	240 CRANDON BLVD., SUITE 204		1.3 STREET ADDRESS	240 CRANDON BLVD., SUITE 204			
CITY-ST-ZIP	KEY BISCAIYNE FL 33149		1.4 CITY-ST-ZIP	KEY BISCAIYNE, FL 33149			
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FERNANDEZ-PIRLA, JOSE M		2.2 NAME				
STREET ADDRESS	240 CRANDON BLVD., SUITE 204		2.3 STREET ADDRESS				
CITY-ST-ZIP	KEY BISCAIYNE FL 33149		2.4 CITY-ST-ZIP				
TITLE	VPST	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JARQUE, FEDERICO		3.2 NAME				
STREET ADDRESS	240 CRANDON BLVD., SUITE 204		3.3 STREET ADDRESS				
CITY-ST-ZIP	KEY BISCAIYNE FL 33149		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 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, changed, or on an attachment with an address.

SIGNATURE: *Carlos J. Santamaria* **CRANDON SANTAMARIA 2/19/97** (305) 365-0002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #