

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

FILED

**Apr 11 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 # 318897 (6)
1. Corporation Name
GLOBAL INTERNATIONAL IMPORT-EXPORT, INC.



Principal Place of Business 400 SWALLOW DR MIAMI SPRINGS FL 33166 US	Mailing Address 400 SWALLOW DR MIAMI SPRINGS FL 33166-4432 US
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3. Date Incorporated or Qualified 07/13/1967	3a. Date of Last Report 03/29/1996
4. FEI Number 59-1634577	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**WOLAR, WILLIAM
1180 ROBIN AVENUE
MIAMI SPRINGS FL 33166**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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's 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLAR, WILLIAM	1.2 NAME	
STREET ADDRESS	1180 ROBIN AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI SPRINGS FL	1.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLAR, THERESA D.	2.2 NAME	
STREET ADDRESS	1180 ROBIN AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI SPRINGS FL	2.4 CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILDER, CARAN J WOLAR	3.2 NAME	
STREET ADDRESS	1140 ROBIN AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI SPRINGS FL	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	WOLAR, WILLIAM J. <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	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	WOLAR, WILLIAM J
STREET ADDRESS		5.3 STREET ADDRESS	1024 RAVEN AVE
CITY - ST - ZIP		5.4 CITY - ST - ZIP	MIAMI SPRINGS, FL 33166
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 if changed, or on an attachment with an address.

SIGNATURE: W. Wolar **REQUIRED** 4-2-97 305-887-0258
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)