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Feb 18 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 # 590420 (6)

1. Corporation Name
GLOBAL IMPEX, INC.

Principal Place of Business

390 N. ORANGE AVE.
SUITE 1675
ORLANDO FL 32801

Mailing Address

390 N. ORANGE AVE.
SUITE 1675
ORLANDO FL 32801-1641



3. Date Incorporated or Qualified 10/02/1978
3a. Date of Last Report 12/12/1996

4. FEI Number 59-1900438
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 has liability for Intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ 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

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONMOHAMED, SHIRAZ
4500 HOLLY TREE COURT
#202
ORLANDO FL 32811

81 Name Janmohamed, Shiraz
82 Street Address (P.O. Box Number is Not Acceptable)
83 746 Haddonstone Cir #202
84 City Heathrow FL 85 Zip Code 32746

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME JANMOHAMED, SHIRAZ
STREET ADDRESS 4500 HOLLY TREE COURT, #202
CITY-ST-ZIP ORLANDO FL 32811

1.1 TITLE Vice President ☒ Change ☐ Addition
1.2 NAME Janmohamed, Shiraz
1.3 STREET ADDRESS 746 Haddonstone Cir #202
1.4 CITY-ST-ZIP Heathrow FL 32746

TITLE VS
NAME JANMOHAMED, RAMZAN
STREET ADDRESS 4500 HOLLY TREE COURT, #202
CITY-ST-ZIP ORLANDO FL 32811

2.1 TITLE President ☒ Change ☐ Addition
2.2 NAME Janmohamed, Ramzan
2.3 STREET ADDRESS 4550 Holly Tree Ct #202
2.4 CITY-ST-ZIP Orlando, FL 32811

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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:

SIGNATURE REQUIRED

Shiraz Janmohamed 2/13/97 (407) 839 4277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000794

CR2E034 (9/96)