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95 MAY - 1 PM 4: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # F77030 (7)
1. Corporation Name
GLOBAL DEVELOPMENT, INC.

Principal Place of Business Mailing Address
**% AMADA C. LOPEZ
1036 S.W. 1ST ST.
MIAMI FL 33130** **1036 S.W. 1 ST.
MIAMI FL 33130**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 **1036 S.W. 1 ST.** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
City & State City & State
23 **MIAMI FLORIDA** 28
Zip Country Zip Country
24 **33130** 25 **US.** 29 30

3. Date Incorporated or Qualified **04/15/1982** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2179549** 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 R. 199.032 Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**FLORIDA ANNUAL REPORT SERVICE/CANTERA & ASSOCIATES INC.
1036 S.W. 1 ST.
MIAMI FL 33130**

10. Name and Address of New Registered Agent
81 Name **FLORIDA ANNUAL REPORT SERVICES INC.**
82 Street Address (P.O. Box Number is Not Acceptable) **1036 S.W. 1 ST.**
83
84 City **MIAMI** FL 85 Zip Code **33130**

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 607.051, Florida Statutes.
SIGNATURE *[Signature]* **AMADA C. LOPEZ, PRES** DATE **4/27/95**
Signature, Title or Print Name of Agent must appear and the date is required. (NOTE: Registered Agent signature required when renewing)

12. OFFICERS AND DIRECTORS

TITLE	VTD
NAME	RODRIGUEZ, JOSEFINA
STREET ADDRESS	4721 NW 7TH ST, NO 308
CITY ST ZIP	MIAMI FL
TITLE	PSD
NAME	SARDINAS, ABEL R
STREET ADDRESS	4721 NW 7TH ST, NO 308
CITY ST ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY ST ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY ST ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	200001474252
3.4 CITY ST ZIP	-05/03/95--01161--025
	****200.00 ****200.00
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 the 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]* **ABEL R. SARDINAS** DATE **4/27/95** ID# **3055458686**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR