


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 27 1998 8:00am
Secretary of State

NOT-PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000004347 (1)
1. Corporation Name
GLOBAL REFORM AND DEVELOPMENT, INC.

Principal Place of Business 100 NE 6TH AVE., SUITE 131 HOMESTEAD FL 33030	Mailing Address PO BOX 924088 MIAMI FL 33092
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 09/27/1993
4. FEI Number 77-0100981
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent AWITY, FRANCIS X 100 NE 6TH AVE., SUITE 131 HOMESTEAD FL 33030
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PMD <input type="checkbox"/> DELETE
NAME	AWITY, FRANCIS X
STREET ADDRESS	100 NE 6TH AVE.
CITY-ST-ZIP	HOMESTEAD FL 33030
TITLE	VD <input type="checkbox"/> DELETE
NAME	AMOAH, DIVINE E
STREET ADDRESS	10121 COSTA DEL SOL BLVD.
CITY-ST-ZIP	MIAMI FL 33178
TITLE	MDT <input type="checkbox"/> DELETE
NAME	KHAN, SHOAB A
STREET ADDRESS	11025 SW 154 TERRACE
CITY-ST-ZIP	MIAMI FL 33157
TITLE	CS <input type="checkbox"/> DELETE
NAME	WHITMAN, BARBARA D
STREET ADDRESS	443 ALBERTO WAY, B119
CITY-ST-ZIP	LOS GATOS CA 95032
TITLE	MD <input checked="" type="checkbox"/> DELETE
NAME	AKOGO, YAO D
STREET ADDRESS	BP 736, N/A
CITY-ST-ZIP	LOME-TOGO W/A
TITLE	MD <input checked="" type="checkbox"/> DELETE
NAME	TSENUOKPOR, SYLVANUS Y
STREET ADDRESS	PO BOX C-426, N/A
CITY-ST-ZIP	CANTONMENTS, ACCRA-THANA W/A

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MD DR. KPODZO, ELIAS
5.3 STREET ADDRESS	B.P. 12159, N/A
5.4 CITY-ST-ZIP	LOME, TOGO W/A
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MD AWITY, PETER K.
6.3 STREET ADDRESS	P.O. BOX 12876, N/A
6.4 CITY-ST-ZIP	ACCRA NORTH, GHANA W/A

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 person authorized by the corporation to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached list with an address.

SIGNATURE:  **FRANCIS X. AWITY 4-6-98 (305) 242 0221**

CR2E037 (10/97)