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**Apr 24 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 # **K37914** (4)
1. Corporation Name
GLOBAL MOTORS, INC.



Principal Place of Business: **801 N.W. 27 AVE MIAMI FL 33125**
Mailing Address: **801 N.W. 27TH AVENUE MIAMI FL 33125-3014 US**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
Suite, Apt #, etc.					Suite, Apt #, etc.				
City & State					City & State				
Zip		Country			Zip		Country		

3. Date Incorporated or Qualified 10/11/1988	3a. Date of Last Report 01/23/1996
4. FEI Number 65-0080161	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**WILLIAM J. STRANGE
9586 SW 6TH LANE
MIAMI FL 33174**

10. Name and Address of New Registered Agent

81 Name Maria Daise Palacio
82 Street Address (P.O. Box Number is Not Acceptable) 2961 S.W. 39th Avenue
83
84 City Miami
85 State FL
86 Zip Code 33134

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: *Maria Daise Palacio* DATE: **04-18-97**
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	DS	<input checked="" type="checkbox"/>
NAME	WILLIAM J. STRANGE	
STREET ADDRESS	9586 S.W. 6TH LANE	
CITY- ST- ZIP	MIAMI FL	
TITLE	P	<input type="checkbox"/>
NAME	IBARGUEN, CARLOS carlos	
STREET ADDRESS	9586 SW 6TH LANE	
CITY- ST- ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/>
NAME	VALENCIA, FRANCISCO	
STREET ADDRESS	9586 SW 6TH LANE	
CITY- ST- ZIP	MIAMI FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY- ST- ZIP			
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	3101 N.W. 99 Ave		
2.4 CITY- ST- ZIP	Miami Fla. 33172		
3.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS	3101 N.W. 99 Ave		
3.4 CITY- ST- ZIP	Miami Fla. 33172		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY- ST- ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY- ST- ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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, depending on an attachment with an address.

SIGNATURE: *Maria Daise Palacio* DATE: **04-18-97** (541-1084)
Signature and typed or printed name of signing officer or director. Daytime Phone #

CR2E034 (9/96)