FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **L20986** **(0)**

1. Corporation Name

GLO CHEM CORPORATION

Principal Place of Business

**9318 NORTHWEST 13TH STREET
MIAMI FL 33172**

Mailing Address

**9318 NORTHWEST 13TH STREET
MIAMI FL 33172-2808**

3. Date Incorporated or Qualified **10/06/1989**	3a. Date of Last Report **04/04/1996**
4. FEI Number **65-0160556**	Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐ / **$8.75** Additional Fee Required
21	26	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐ / **$5.00** May Be Added to Fees
22	27	
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No
23	28	
Zip / Country	Zip / Country	
24 / 25	29 / 30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
GISPERT, ALEJANDRO J **12849 SW 64TH LANE** **MIAMI FL 33183**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City	
		FL 85 Zip Code

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 **PSTD** NAME **GISPERT, ALEJANDRO J** STREET ADDRESS **12849 SW 64TH LANE** CITY-ST-ZIP **MIAMI FL**	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

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.