FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Kather:ne Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90189 032 ***150.00

DOCUMENT # **L74038**

1. Corporat on Name

GLOBAL BUILDERS TRADING CORP.

Principal Place	e of Business	Mailing Address							
3200 S ANDFEV	N AVE	4784 NW 2ND PLACE	4784 NW 2ND PLACE						
SUITE #113		PLANTATION FL 33317				DO NOT HIDITE IN THIS SPACE			
FT LAUDERDALI	E FL 33316	US	U\$				DO NOT WRITE IN THIS SPACE		
US						3. Date Incorporated or Qualifed	ľ		
						05/16/1990			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied Fo	ЭΓ		
21		26				65-0208098 Not Applic	able		
Suite, Art. #, etc.		Suite, Apt. #, etc.				\$8.75 Additions	al		
22		27				5. Certificate of Status Desired Fee Required			
City & State		City & State				6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution Added to Fees			
Zip	Country		Zip Country			8. This co-poration owes the current year Intangible			
			30			Personal Property Tax. Yes []No			
24	25	29	[30]	1		10. Name and Address of New Registered Agent			
	9. Name and Address of Currer	it Registered Agent		81	Name	10. Hante tilla Hadidas of How Hogister Higgs			
POIG	G, ROSA			۱۳۰۱	Haine				
				82	Street Ac	Address (P.O. Box Number is Not Acceptable)	1		
	N.W. 2ND PLACE								
PLAN	NTATION FL 33317			83			,		
					0:4	85 Zip Cc de			
				84	City	FL S Zp Ctue			
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 nan e of registered age	nt and title if applicable (NC	OTE Registered	d Agen	t signature requ	equi ed when reinstating) DATE	-]		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12		
TITLE	PD	☐ DELETE	1.1 Ti	TLE		☐ Change ☐ Ar	ddition		
NAME	ROIG, ROSA		1.2 N	AME			ļ		
	4784 NW 2ND PLACE				ADDRESS		ł		
STREET ADDRESS									
CITY-ST-ZIP	PLANTATION FL 33317	☐ DELETE		ITY-\$1	1-ZIP	☐ Change ☐ Ar	ddition		
TITLE		□ DELL'IC	2.1 TI						
NAME			2.2 N	AME					
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NAME			5.2 N		- ADDGE-A		ļ		
STREET ADORESS					ADDRES\$		ŀ		
CITY-ST-ZIP				ITY-SI	T-ZIP				
TITLE		☐ DELETE	6.1 T	ITLE		☐ Change ☐ A	ddition		
NAME			6.2 N	IAME			1		
STREET ADDRESS			6.3 S	TREET	ADDRESS				
CITY-ST-ZIP			6.4 C	ITY-S	T-ZIP		- 1		
COLL-CI-ZIE	1		-		- 1				

14. I hereby certify that the information supplied with this filling 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, with all other like empowered.

SIGNATURE:

9.54-584-7167