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Mar 18 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 # M39234 (3)

1. Corporation Name
G.L.G. TRADING CORP.

Principal Place of Business

1840 WEST 49TH ST.
STE. 603-3
HIALEAH FL 33012
US

Mailing Address

P.O. BOX 8217
HIALEAH FL 33012-1217
US

3. Date Incorporated or Qualified
09/29/1986

3a. Date of Last Report
05/01/1996

4. FEI Number
59-2733102

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 s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 State Apt. # etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 State Apt. # etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

GARCIA, ANA M.
4490 W. 19TH CT.
#517
HIALEAH FL

10. Name and Address of New Registered Agent

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, 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 fully aware and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* ANA M GARCIA

(NOTE: Registered Agent signature required when reinstating)

DATE

3/14/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
P	GARCIA, ANA M.	4490 W. 19 CT., #517	HIALEAH FL	☐
V	GONZALEZ, NILDA	4490 W. 19 CT., #517	HIALEAH FL	☐
				☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	Change	Addition
2.1 TITLE <td>2.2 NAME</td> <td>2.3 STREET ADDRESS</td> <td>2.4 CITY-STATE-ZIP</td> <td>☐</td> <td>☐</td>	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP	☐	☐
3.1 TITLE <td>3.2 NAME</td> <td>3.3 STREET ADDRESS</td> <td>3.4 CITY-STATE-ZIP</td> <td>☐</td> <td>☐</td>	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP	☐	☐
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5.1 TITLE <td>5.2 NAME</td> <td>5.3 STREET ADDRESS</td> <td>5.4 CITY-STATE-ZIP</td> <td>☐</td> <td>☐</td>	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP	☐	☐
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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 in an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/97 305-586208

CR2E034 (9/96)