

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
P.O. Box 1000, Tallahassee, FL 32304-1000

**APPROVED
AND
FILED**

95 MAY -1 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000001101 (3)**

GLC EXPORT CO.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **C/O TIMOTHY D. RICHARDS
2665 S. BAYSHORE DRIVE, SUITE 900
MIAMI FL 33133**

Alternate Address: **C/O TIMOTHY D. RICHARDS
2665 S. BAYSHORE DRIVE, SUITE 900
MIAMI FL 33133**

3a. Date of Incorporation/Qualification	3b. Date of Last Report
12/30/1992	04/05/1994
4. FEI Number	Applied For / Not Applicable
65-0378291	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing (Trust Fund Contributions)	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RICHARDS, TIMOTHY D 2665 S. BAYSHORE DRIVE SUITE 900 MIAMI FL 33133	B1 Name
	B2 Street Address (P.O. Box Number is Not Acceptable)
	B3
	B4 City
	B5 Zip Code
	FL

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 607.0502, Florida Statutes.

SIGNATURE: _____ AS _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS	
NAME	D BALLON, ALFONSO 15810 KINGSMOOR WAY MIAMI LAKES FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2. STREET ADDRESS	
CITY & STATE		3. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		4. ZIP	
NAME	D HAHN, JOHN 12737 S.W. 66TH TERR. MIAMI FL	5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6. STREET ADDRESS	
CITY & STATE		7. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		8. ZIP	
NAME		9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		10. STREET ADDRESS	
CITY & STATE		11. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		12. ZIP	
NAME		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		14. STREET ADDRESS	
CITY & STATE		15. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		16. ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in section 199.032, Florida Statutes. I further certify that the information was obtained from the original report or supplemental report required by law and is accurate and that the signatures shall have the same legal effect as if personally made. I understand that any person who furnishes false information on this report or supplemental report is subject to the same penalties as if personally made. I understand that any person who furnishes false information on this report or supplemental report is subject to the same penalties as if personally made. I understand that any person who furnishes false information on this report or supplemental report is subject to the same penalties as if personally made.

SIGNATURE: *Alfonso Ballon* 04/24/95 305 8271990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNOR OR SIGNOR OR DIRECTOR