


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Sep 22 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000077176 (4)
 1. Corporation Name
GLOBAL IMPORT EXPORT INC.



Principal Place of Business 20720 NW 1ST CT MIAMI FL 33169 US	Mailing Address 20720 NW 1ST CT MIAMI FL 33169
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 11/01/1993	3a. Date of Last Report 08/08/1996
4. FEI Number 65-0456497	Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

STRACHAN, NOLAN
20720 NW 1ST CT
MIAMI FL 33169

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, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	STRACHAN, NOLAN
STREET ADDRESS	20720 NW 1ST CT
CITY-ST-ZIP	MIAMI FL 33169
TITLE	V <input type="checkbox"/> DELETE
NAME	STRACHAN, TESSA
STREET ADDRESS	20720 NW 1ST CT
CITY-ST-ZIP	MIAMI FL 33169
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME
63 STREET ADDRESS
64 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 if changed, or on an attachment with an address.

SIGNATURE _____

CP2E034 (4/97)