

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000038818 (8)

1. Corporation Name

GLOBAL CONSULTING & INVESTMENT CORPORATION

Principal Place of Business

255 S ORANGE AVE
STE 1144
ORLANDO FL 32801

Mailing Address

255 S ORANGE AVE
SUITE 1144
ORLANDO FL 32801
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

28. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

VEGA, CARMEN
CITRUS CENTER
255 S ORANGE AVE #1144
ORLANDO FL 32801

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 the date of this filing

12. Registered Agent signature required when changing

DATE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE	D VEGA, CARMEN 3752 MILL STONE DR CASSELBERRY FL 32707	11.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.2 NAME		12.2 NAME	800001950008	
12.3 STREET ADDRESS		13.3 STREET ADDRESS	-09/18/96--01023--013	
12.4 CITY-ST-ZIP		14.4 CITY-ST-ZIP	***225.00 <input type="checkbox"/> 225.00	
12.1 TITLE		21.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.2 NAME		22.2 NAME		
12.3 STREET ADDRESS		23.3 STREET ADDRESS		
12.4 CITY-ST-ZIP		24.4 CITY-ST-ZIP		
12.1 TITLE		31.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.2 NAME		32.2 NAME		
12.3 STREET ADDRESS		33.3 STREET ADDRESS		
12.4 CITY-ST-ZIP		34.4 CITY-ST-ZIP		
12.1 TITLE		41.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.2 NAME		42.2 NAME		
12.3 STREET ADDRESS		43.3 STREET ADDRESS		
12.4 CITY-ST-ZIP		44.4 CITY-ST-ZIP		
12.1 TITLE		51.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.2 NAME		52.2 NAME		
12.3 STREET ADDRESS		53.3 STREET ADDRESS		
12.4 CITY-ST-ZIP		54.4 CITY-ST-ZIP		
12.1 TITLE		61.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.2 NAME		62.2 NAME		
12.3 STREET ADDRESS		63.3 STREET ADDRESS		
12.4 CITY-ST-ZIP		64.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 19, 1996 (407)481-9222

Date of Filing #

55 SEP 17 11 9:39

REGISTRY OF STATE
11/17/96 E. FLORIDA



CR2E034 (12/95)