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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthum Secretary of Stale

| 1 | 1996 | DIVISION OF | CORPORATIONS | | |
|---|--|---|---|---|--|
| DOCUN 1. Corporation | MENT # P940 | 00069080 (7 | ' | | |
| GLOBA | AL TRADE ENTERPRISES | , INC. | | # 100013001 (40 1017) 01011 001(1 | ERIJE BEINI ORJAN KINIR JOHN BRIDI ARAN ORJA SOR: |
| Principal Place of | of Business | Mailing Address | | | |
| 3733 NORTHEAST 208 TERRACE 3733 NORTHEAST 206 | | | TERRACE | | |
| NORTH MIAN | AI BEACH FL 33180 | NORTH MIAMI BEACH | FL 33180 | | |
| | | | | 3. Date Incorporated or Qualifie 09/20/1994 | d 3a. Date of Last Report 04/10/1995 |
| 2. Principal Place | | 2a. Mailing Address 26 33 4 5 /-3 | Pres Dioe | 4. FLI Number 65-0520879 | Applied For Not Applicable |
| 33 <u>4</u> Suite, Apt. #, | S Fornst Priva | Suite, Apt. #, etc. | MICS! DINGE | 5, Certificate of Status Desired | \$8.75 Additional |
| 2 Hold | ywood, Florid | e 27 - | | | Fee Required |
| City & State(| | City & State 28 Hollywood | O Florida | 6. Election Campaign Financing Trust Fund Contribution | S5.00 May Be Added to Fees |
| Zip | Country 25 V.S A | 29 33021 | Country 30 (), 5 A | 8. This corporation has liability f | or intangible tax under s 199.032, |
| | 9, Name and Address of Curr | | | 10. Name and Address of Nev | |
| | | | | Tobal Trale | Binterprisos Inc |
| AMERILA | AWYER Meria avenue | | 82 Street Addr | ess (P.O. Box Number is Not Accep | table) |
| | GABLES FL 33134 | | 83 | | 191100 |
| 00,112 | | | 84 City / | // | 85 Zip Code |
| 44 0 | 40-7 | 00 11 4 007 4500 Fig. 11 614 | 1/10 | lywood | FL 3302/. |
| or registere | d agent, or both, in the State of Fig. | 02 and 607, 1506, Florida Statute orida. Such change was authorize | s, the above-hamed corpored by the corporation's boar | ration submits this statement for the rid of directors. I hereby accept the a | purpose of changing its registered office appointment as registered agent. I am |
| | n, and accept the obligations of, So | ection 60 2005, Florida Statutes. | | | 03/1/96 |
| SIGNATURE s | Signature, typed or printed name of reportered again | out and little if applicable (NO) | E: Registered Agent signature require | d writer nor state gi | DATE |
| 12. | | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO C | OFFICERS AND DIRECTORS IN 12 Change Addition |
| TITLE NAME | P Andrade, Edward J | | 1. 1 TITLE 1.2 NAME | | Li Charige Li Radition |
| STREET ADDRESS | 3733 NORTHEAST 208 TE | RRACE | 1 3 STHEFT ADDRESS | | |
| C+1Y-S1-ZIP | NORTH MIAMI BEACH FL | | 1.4 CH+ - \$1 - ZP | | |
| TITLE | | □ DETEJF | 2 1 101.6 | | ☐ Change ☐ Addition |
| NAME | | | 2.2 NAME | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | | DELETE | 2 4 C/T S1 - Z/P 3 1 T/T F | | Change Addition |
| NAME | | - Land | 3 2 NA | | |
| STREET ADDRESS | | | 3.3 ST Fr LADDRESS | | |
| CITY - ST - ZIP | Annual Marie Calaborate British Rev. V. 1911 | | 3.4 C(T) S1 7/P | | |
| TITLE | | DELETE | 4 1 1/1 | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NA | | |
| STREET ADDRESS CITY-ST-ZIP | | | 4.3 STI 4.4 ADDRESS 4.4 C(1) 7.4-77 | | |
| Title | | DELÉTE | 5 170 | | Change Addition |
| NAME | | | 5 2 NA | | |
| STREET ADDRESS | | | 5.3 STR T ADDRESS | | |
| CITY-ST-ZIP | | FIRET | 5.4 CITY 51-ZIP | | Chana Mada' |
| TITLE | | DELFTE | 6 ' 11'1 6 2 NAM | | Change Add:tion |
| NAME STREET ADDRESS | | | 6.3 STRE 1 ACORESS | | |
| CITY-SI-ZIP | | | 6.4 CITY (ST - ZIP | | |
| 14. I do hereby | | | shed and does not qualfy f | or the exemption stated in Section 1 | |
| oath; that I | the information indicated on this ar am an officer or director of the cor Block 12 or Block 13 if changed, o | poration or the receiver or trusted | ennpowered to execute the | s report as required by Chapter 607 | |
| CICNIATI | upe. | /////// | | 03/16 | 1/86 |
| SIGNATI | UNE: | N WILLIAM | on puncaron | ~ ~ / (b | / · · · · · · · · · · · · · · · · · · · |