## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Feb 21 1997 8:00am Secretary of State

DOCUMENT #	P9400069080	(7)
1. Corporation Name	F34000003000	(1)

GLOBAL TRADE ENTERPRISES, INC.

Principal Place of Business  3345 FORREST DR HOLLYWOOD FL 33021 US	Mailing Address 3345 FORREST DR HOLLYWOOD FL 33021-8417 US	· · · · · · · · · · · · · · · · · · ·		
			3. Date Incorporated or Qualified 09/20/1994	3a. Date of Last Report 03/18/1996
Principal Place of Business     The state of Business     The state of Business	2a. Mailing Address 26		4. FEI Number 65-0520879	Applied For Not Applicable
Suite, Apt. #, otc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation has liability for in	
24 25 9. Name and Address of Current R	29 30 egistered Agent	01	Florida Statutes  10. Name and Address of New Reg	
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134  11. Pursuant to the provisions of Sections 807 050 a office or registered agent, or 50h, in the State of agent. I am familiar with and accept the foligation SIGNATURE		84 City the above-named corporation to the corporation of the corporat	ortalion submits this statement for the pi on's board of directors. I hereby accep	85 Zip Code / 2702/
Signature typed or primed name of registered agont at 12. OFFICERS AND D		Registered Agent signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE / PRESIDENT 12
TIBLE P	DELETE	1.1 TITLE	ADDITIONAL AND ADDITION OF THE	Change Addition
NAME STREET ADDRESS CITY-S1-ZIP NORTH MIAMI BEACH FL 33180		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TILE	☐ DELETE	2.1 TITLE		Change Addition
NAME STREET ADDRESS		2.2 NAME 2.3 STREET ADDRESS		9.
CITY-ST-7IP		2. 4 CITY-ST-ZIP		- 19 - 19
THE	☐ DELETE	3.1 TOTLE		Change Addition
NAM:		3.2 NAME		er t
STREFI ADDRESS  LOTY-ST-7/P		3.9 STREET ADDRESS 3.4. City-St-Zip		•
TITLE	DELETE	4.1 TITLE	<del> </del>	Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY- ST- ZIP		5.4 CITY - ST - ZIP		
TITLE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
City-St-ZP  14. I do hereby certify that the information supplied w	ith this filing does not avalify	6.4 CITY-ST-ZIP	In Section 110 07/21/il Florida Ctatuto	e. I further certify that the

To necesy campy that the minormation supplied with this limits does not quarry for the exemption stated in section 119.07(3)(1). Fortia 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 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 an althorized with an address.

SIGNATURE:

ENATURE LUB TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20/97 305-932-4684