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PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500060048 (2)

GLOBAL EXPO. INC. Principal Place of Business Mailing Address 360 SE 12 AVE 360 SE 12 AVE POMPANO BEACH FL 33060 POMPANO BEACH FL 33060-7425 3. Date Incorporated or Qualified 3a. Date of Last Report 08/03/1995 03/20/1996 2. Principal Prace of Business 2a. Mailing Address 4. FEI Number Applied For 2437 E. Atlantic Blva 65-0614685 Not Applicable Suite Apt. # etc \$8.75 Additional 5, Certificate of Status Desired #170 Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, 05 A Yes No 29 Florida Statutes 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BLITMAN, JILL 2637 E. ATLANTIC BLVD., #170 Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33062 83 City 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. Thereby accept the appointment as registered agent. Landamiliar with, and accept the obligations of Section 607 0505, Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition THILE BLITMAN, JILL 1.2 NAME NAME 360 SE 12 AVE STREET ADDRESS 1.3 STREET ADDRESS POMPANO BEACH FL 33060 CHY-ST-ZP 1.4 CITY - ST-ZIP Change Addition ΠIJE 2 1 TITLE MANN, PATRICIA 2425 SWX5-ST NAME. 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS POMPANO BEAGH FL 33062 OTY- \$1-20-2. 4 CITY-ST-ZIP DELETE Addition Change 31 TITLE TillE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY+ST-ZIP Cathish 7ip DELETE Change Addition THE 4.1 TITLE 4. 2 NAME HAMI STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP CUY - S1 - 7IP DELETE 5.1 TITLE Change Addition THE NAME 5.2 NAME 5 3 STREET ADDRESS STREET ADDRESS CHY-SI ZP 5.4 City - ST - ZIP DELETE Change Addition 6.1 TITLE THE 6.2 NAME NAME SUBSELL ADDRESS 6.3 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:

FILED

Apr 10 1997 8:00am

Secretary of State