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Mar 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000076473 (4)

1. Corporation Name
GLOBAL PORT USA CORP.

Principal Place of Business

17021 N. BAY ROAD
ROOM 105
N MIAMI BEACH FL 33160

Mailing Address

17021 N. BAY ROAD
ROOM 105
N MIAMI BEACH FL 33160-3618



2. Principal Place of Business

21 19620 N.W. 62nd PL
Suite, Apt. #, etc.

22 City & State
Miami FL

23 Zip Country
33015 U.S.A.

2a. Mailing Address

26 19620 N.W. 62nd PL
Suite, Apt. #, etc.

27 City & State
Miami FL

28 Zip Country
33015 USA

3. Date Incorporated or Qualified
10/05/1995

3a. Date of Last Report
03/04/1996

4. FEI Number
65-0616784

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

HAYASHI, JUNICHI
17021 N. BAY ROAD
ROOM 105
N MIAMI BEACH FL 33160

19620 N.W. 62nd PL
MIAMI FL 33015

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

Signature of the person changing the registered agent and fee, if applicable

(NOTE: Registered Agent's signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
1.5 TITLE
1.6 NAME
1.7 STREET ADDRESS
1.8 CITY- ST- ZIP
1.9 TITLE
1.10 NAME
1.11 STREET ADDRESS
1.12 CITY- ST- ZIP
1.13 TITLE
1.14 NAME
1.15 STREET ADDRESS
1.16 CITY- ST- ZIP
1.17 TITLE
1.18 NAME
1.19 STREET ADDRESS
1.20 CITY- ST- ZIP

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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 included 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature/Phone #

CR2E034 (9/96)