

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

FILED

Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000092522 (8)**

1. Corporation Name

GLM TRADING OF MIAMI, INC.



Principal Place of Business

**8515 NW 7TH STREET
MIAMI FL 33126**

Mailing Address

**3400 CORAL WAY
600
MIAMI FL 33145-3053
US**

3. Date Incorporated or Qualified

12/04/1995

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 **10540 N.W. 26 ST**

2a. Mailing Address

26 **10540 N.W. 26 ST**

4. FEI Number

65-0629132

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

**PAREJA, CARLOS
8515 N.W. 7TH ST
MIAMI FL 33126**

10. Name and Address of New Registered Agent

81 Name

PAREJA, CARLOS

82 Street Address (P.O. Box Number is Not Acceptable)

10540 NW 26 ST

83

Suite 9-104

84 City

MIAMI

FL

85 Zip Code

33172

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

Gladys T. Lopez

GLADYS T. LOPEZ

APRIL 16, 1997

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **PAREJA, CARLOS**
STREET ADDRESS **8515 NW 7TH STREET**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **VD** ☐ DELETE
NAME **LOPEZ, GLADYS**
STREET ADDRESS **8515 NW 7TH STREET**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **10540 NW 26 ST, 9-104**
1.4 CITY-ST-ZIP **MIAMI, FL 33172**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **10540 NW 26 ST, 9-104**
2.4 CITY-ST-ZIP **MIAMI, FL 33172**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

Gladys T. Lopez

GLADYS T. LOPEZ 4/16/97 (305) 593-1017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0202084

CR2E034 (9/96)