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

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P95000092522 (8)

1. Corporation Name
GLM TRADING OF MIAMI, INC.

Principal Place of Business
~~10540 NW 26 ST~~
~~G-104~~
~~MIAMI FL 33172~~
US

Mailing Address
~~10540 NW 26 ST~~
~~G-104~~
~~MIAMI FL 33172~~
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/04/1995

2. Principal Place of Business
21 5805 BLUE LAGOON DR.
Suite, Apt. #, etc.
22 SUITE 380-1
City & State
23 MIAMI, FL.
Zip 24 33126
Country 25 USA

2a. Mailing Address
26 5805 BLUE LAGOON DR.
Suite, Apt. #, etc.
27 SUITE 380-1
City & State
28 MIAMI, FL.
Zip 29 33126
Country 30 USA

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
PAREJA, CARLOS
~~10540 NW 26 ST~~
~~SUITE G-104~~
~~MIAMI FL 33172~~

10. Name and Address of New Registered Agent
81 Name
PAREJA, CARLOS
82 Street Address (P.O. Box Number is Not Acceptable)
5805 BLUE LAGOON DR. SUITE 380-1
83
84 City
MIAMI FL
85 Zip Code
33126

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	P/D ☒ Change ☐ Addition
NAME	PAREJA, CARLOS	1.2 NAME	PAREJA, CARLOS
STREET ADDRESS	~~10540 NW 26 ST, STE G-104~~	1.3 STREET ADDRESS	5805 BLUE LAGOON DR. SUITE 380-1
CITY-ST-ZIP	~~MIAMI FL~~	1.4 CITY-ST-ZIP	MIAMI, FL. 33126
TITLE	VD ☐ DELETE	2.1 TITLE	V/D ☒ Change ☐ Addition
NAME	LOPEZ, GLADYS	2.2 NAME	LOPEZ, GLADYS
STREET ADDRESS	~~10540 NW 26 ST, STE G-104~~	2.3 STREET ADDRESS	5805 BLUE LAGOON DR. SUITE 380-1
CITY-ST-ZIP	~~MIAMI FL~~	2.4 CITY-ST-ZIP	MIAMI, FL. 33126
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	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	100002498371
STREET ADDRESS		6.3 STREET ADDRESS	-04/23/98--01090--032
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***150.00

Rmw 4-23-98

14. I 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: 01/29/98 (305)261-2237

CR2E034 (10/97)