SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000094874 (1)

GLOBAL NETWORK FINANCIAL SERVICES, INC.

FILED

97 SEP 18 PH 3: 29

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address				1 1881 (1081 (10 10 10 1 KI)) (1 00) (1 00) (1 00	III AMEEM INIEL MEEL INEEL IN NII MINI TÜRE	
9285 SW 125TH AVENUE UNIT U. APT. 304 MIAMI FL 33186		9285 SW 125TH AVENUE Unit U. Apt. 304 Miami Fl 33186			DO NOT WRITE IN THIS SPACE	
	•				3. Date Incorporated or Qualified	3a. Date of Last Report
					12/14/1995	07/11/1996
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0644143	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees
Zip	Country Zip C		Coun	try	8. This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30. Yes 🔯 No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Agent
CAI	MACHO, MIGUEL		{	Name		
928	5 S.W. 125TH AVENUE			Street Ad	dress (P.O. Box Number is Not Acceptable)	
UNI	T U, APT. 304				· · · · · · · · · · · · · · · · · · ·	
MIA	MI FL 33186		8	33		
			-	14 City		85 Zip Code
					<u>.</u>	FL
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obti	e of Florida. Such change was a	authorized	by the cornor	rporation submits this statement for the patients board of directors. I hereby accept	purpose of changing its registered put the appointment as registered
SIGNATURE	Signature, typed or printed name of registered a	geni and tille if applicable (NOTI	Registered	Agent signature req	uited when reinstaling)	DATE
12.	OFFICERS AF	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	PSD	☐ DELETE	1.1 TITL	E	nnnnez	Charge Laddion
NAME	CAMACHO, MIGUEL		1.2 NAN	1E	-09/23/	9701025004
STREET ADDRESS	9285 SW 125TH AVENUE U	NIT U APT. 304	1.3 STR	EF1 ADDRESS	****16	5.00 ****165.00 }
CITY-ST-ZIP	MIAM! FL 33186		1.4 CIT)	'-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	18
TITLE	VTD	☐ DELE1E	2.1 TI7L	E		Change Addition
NAME	CAMACHO, MARIANELLA		2.2 NAM	1E		ľ
STREET ADDRESS	ARAP ATT ARPET ALIENTED IN COLUMN 11 ARP AGA		23 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33186		2 4 CIT	Y-ST-ZIP		
TITLE		DELETE	3 1 THL			Change Addition
NAME			3.2 NAN	1E		
STREET ADDRESS			3 3 STR	EET ADDRESS		
CITY-ST-ZIP				Y - ST - ZIP		ŧ
TITLE		DELETE	4.1 TiTL			Change Addition
NAME			4. 2 NA	NE		
STREET ADDRESS			4.3 STR	EET ADDRESS		
CITY-ST-ZIP				'-\$1-ZIP		
TITLE	,	DELETE	5.1 TITL			Change Acidition
NAME			5.2 NAN			-
STREET ADDRESS				EET ADDRESS		an I
CITY-ST-ZIP			4	(-S1-ZIP		529-22-97
TITLE		DELETE	6.1 TITL			Change Acdition
NAME			6.2 NAN			
STREET ADDRESS				EET ADDRESS		
			4	-\$1-ZIP		
CITY-ST-ZIP			<u> </u>	- OT ZIT		

14. I do hereby certify that the information supplied with this filling 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.