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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600004740 (2) 1. Corporation Name GLOBEWAY INTERNATIONAL CONSULTING, CORP.

Apr 28 1997 8:00am Secretary of State

**FILED** 

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Principal Place of Business Mailing Address			t iddingst tid iding alter dast datil antil datil datil datil datil dati						
141 N.E. 3RD AVENUE SUITE NO. 201 MIAMI FL 33132		SUITE NO. 201	141 N.E. 3RD AVENUE SUITE NO. 201 MIAMI FL 33132-2221						
						<ol> <li>Date Incorporated or Qualified 01/16/1996</li> </ol>	3a, Dat	e of La	st Report
	ace of Business	2a. Mailing Addr	ess			4. FEI Number 65~ 0633976			Applied For Not Applicable
Sulte, Apt.	# etc	Suite, Apt. #,	elc			03 0032 170		607	5 Additional
22	n, 0,0.	27	CiQ.			5. Certificate of Status Desired			Required
City & State	9	City & State				6. Election Campaign Financing		\$5.	00 May Be
23		28				Trust Fund Contribution			led to Fees
Zip	Country	Zip	[ (	Country	!	8. This corporation has liability for in			er s. 199.032,
24	2.5	29	30				Yes [		
	9. Name and Address of Curre	nt Registered Agent			1	10. Name and Address of New Reg	Istered A	gent	
	ALCANTARA, MAURO DO			81	Name				
	NE 3RD AVENUE			82	Street Ad	dress (P.O. Box Number is Not Acceptab	le)		
	E 900			00					
MIAN	AI FL 33132			83					
				84	City			85	Zip Code
	607.00	1 007 45 20 1	L 60		L	rporation submits this statement for the p	<u>FL</u>		
office or re agent. I as SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the oblig	o of Flunda, Such chan pations of, Section 607.	ge was author 0505, Florida (	ized by Statute:	y the corpor s.	ation's board of directors. Thereby accep	t the appo	intmen	l as registered
12.	Signature, typed or printed name of registered ag	ioni and title if applicante. ID DIRECTORS		dered Age	r I signature req	ured when relietating)  ADDITIONS/CHANGES TO OFFIC	DATE CDC AND	DIDEC	TODE IN 12
TITLE	PVST	DIMECIONS		.1.1011£	[:	ADDITIONS/CHANGES TO OFFIC		Char	
NAME	VAL ALCANTARA, MAURO DO			.2 NAME			'		.go
STREET ADDRESS	141 NE 3RD AVENUE, #900				ADDRESS				
CITY-ST-ZIP	MIAMI FL 33132			.4 CHY - 5					
TITLE	D	DE		1 III(F				Char	ge Addition
NAME	VAL ALCANTARA, MAURO DO	)		2 NAME	Į		•		
STREET ADDRESS	141 NE 3RD AVENUE, #900				ADDRESS	•			
CITY-ST-ZIP	MIAMI FL 33132		1	4 CHY-	1				,
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NAME			3	2 NAME					
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TITLE		☐ DE	LETE 4	1 TITLE				Char	ge Addition
NAME			4	2 NAME					
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CITY-ST-ZIP			4	.4 CITY - S	ST- ZIP			_	
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TITLE		[_] DE		11111	ĺ		l	Char	ge 🔲 Addition
NAME			6	2 NAME					
STREET ADDRESS			6	.3 STREET	ADDRESS				ļ
CITY-ST-ZIP		nia w <del>proces</del> om was		4 CHY-5					
<ol><li>I do hereb</li></ol>	by certify that the information supplied	sh with this filing does i	not qualify for t	the exc	motion state	ed in Section 119.07(3)(i), Florida Statutes	. I further	certify t	hat the

information indicated on this annual report or tupp emerital annual report is true and accurate anothal my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of 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 ghanged. It on an attachment with an address.

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