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

**PROFIT** CORPORATION --**ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000016815 (8)

GLOBAL TRAINING ASSOCIATES, INC.

Principal Place of Business	Mailing Address					
3301 INVERRARY BLYD. WEST LAUDERHILL FL 33319	3301 INVERRARY BLVD. WEST LAUDERHILL FL 33319-4953					
2. Principal Place of Business	2a. Mailing Address					

**FILED** May 15 1997 8:00am Secretary of State



LAUDERHILL FL 33319					LAUDERHILL FL 33319-4953								
									3. Date Inc. 02/22/	orporated or Qualified	3 <b>a.</b> Da	ate of Last F	Report
2. Principal P	Place of Busine	oss		2a. 26	Mailing Address				4. FEI Num	-0684°	442		pplied For of Applicable
Suite, Apt.	#, etc.			27	Suite, Apt. #, etc.				5. Certificat	e of Status Desired		\$8.75	Additional equired
City & Stat	e			28	Crty & State					Campaign Financing of Contribution			May Be to Fees
Zip 24	2	Country 5		29	Zip	30	untry		8. This corp	poration has liability fo	_ ~ -		
	9. Name a	nd Address	of Current R	egist	ered Agent		]		10. Name ar	nd Address of New F	Registered	Agent	
249 SUI	SEL, MITCHE 9 OLADES R TE 105 CAPATON F	RD.	Alcoff 3301 Lavde	TN Thi	FERN L. Verrany Blu III, FL 33	11.We	81 Name 82 Stree 83	re		Alcoff lumber is Not Accept enhany B	able) V OL. 1	west	<u> </u>
							84 City	Lau	uderh		FL	85 Zio .	<sup>Code</sup> 1 9
11. Pursuant office or r agent. La SIGNATURE	am amiliar wit	h, and accep	t the obligatio	ns/	a. Sysh changg way. Systion 607-07-05/FF	authorize Forida Sta	tules. LN L .	Alc	of Fr	this statement for the irectors. I hereby acc	rumoso of	changing it ointment as	lo rogistored
40	Signature, lypod o						ed Agent signati	re required	when refletating)	1	DA <b>#</b>	DISECTOR	
12.	6000	esider	ICERS AND D	IRLU	DELETE	13.	171.5	т	ADDITION	S/CHANGES TO OFF	ICERS AND		
	ALCOFF, I				L'I perete	11 T						Change	l Addition
NAME			WEST			1.2 N							
STREET ADDRESS		RRARY BL				1.3 S	TREET ADDRESS						
CITY-ST-ZIP	LAUDENII	ILL FL 3331	18		DELETE		11Y - SI - ZIP					T-1 2	
TITLE					DELETE	2.1 1						Change	Addition
NAME						2.2 N							
STREET ADDRESS						2.3 S	TREET ADDRESS						
CITY-ST-ZIP					Dereit		CHTY - ST - ZIP						<del></del>
TITLE	ı				DOLFIE	3.1 T						Change	Addition
NAME						3.2 N	AME.			4			
STREET ADDRESS						3.3 S	TREET ADDRESS	1					
CITY-ST-ZIP					DECEM		CHTY-S1-ZIP	<b></b>				TT	
TITLE					☐ DELE1E	4.1 11						Change	L Addition ∫
NAME						4.21							
STREET ADDRESS							TREET ADDRESS						ĺ
CITY-ST-ZIP					Delete		17Y-S1-71P	ļ					
TITLE					☐ DELETE	5.1 Ti						Change	Addition
NAME						5 2 N							
STREET ADDRESS						5.3 S	TREFT ADDRESS						
CITY-ST-ZIP					DELETE		ITY-ST-ZIP	<b></b>				T-3-2-	
TITLE					☐ DETELE	6.1 1						Change	Addition
NAME	,					6.2 N							
STREET ADDRESS						6.3 \$	TREET ADDRESS						
CITY-ST-ZIP	ou portifu that t	ho informatio	w summine	il. 167-	e filing door not quali		ITY - ST - ZIP	<u> </u>		07/2Vi) Florido Ctot e			

I not relievely certify that the information supplied with this tiling 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 arranged, or on an ittachment with an address.

305