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FILED  
Apr 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000025280 (4)

1. Corporation Name

GLOBAL TECHNOLOGIES & ASSEMBLIES, INC.



Principal Place of Business Mailing Address  
887 VISTA PALMA WAY 887 VISTA PALMA WAY  
ORLANDO FL 32825 ORLANDO FL 32825-6307

|                                |  |                        |  |   |  |                              |  |
|--------------------------------|--|------------------------|--|---|--|------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified   |  | 3a. Date of Last Report      |  |
| 21 Suite, Apt. #, etc.         |  | 26 Suite, Apt. #, etc. |  | 03/18/1996  |  |                              |  |
| 22 City & State                |  | 27 City & State        |  | 4. FEI Number   |  | Applied For                  |  |
| 23 Zip                         |  | 28 Zip                 |  | 59-3415993  |  | Not Applicable               |  |
| 24 Country                     |  | 29 Country             |  | 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               |  |  |  | 10. Name and Address of New Registered Agent          |  |  |  |
| RODRIGUEZ, MARIA E<br>887 VISTA PALMA WAY<br>ORLANDO FL 32825 |  |  |  | 81 Name   |  |  |  |
|   |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
|   |  |  |  | 83  |  |  |  |
|   |  |  |  | 84 City   |  |  |  |
|   |  |  |  | FL 85 Zip Code  |  |  |  |

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                          |                           |                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |          |                    |                 |
|----------------------------|--------------------------|---------------------------|-----------------------|---|----------|--------------------|-----------------|
| TITLE                      | NAME                     | STREET ADDRESS            | CITY-ST-ZIP           | 1.1 TITLE   | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP |
|                            | PRES. MARIA E. RODRIGUEZ | 887 VISTA PALMA WAY       | ORLANDO FL 32825      |   |          |                    |                 |
| TITLE                      | NAME                     | STREET ADDRESS            | CITY-ST-ZIP           | 2.1 TITLE   | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP |
|                            | V. PRES. Sergio Torrente | 406 Autumn Breeze Way     | Winter Park, FL 32792 |   |          |                    |                 |
| TITLE                      | NAME                     | STREET ADDRESS            | CITY-ST-ZIP           | 3.1 TITLE   | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP |
|                            | Secy./Treas. Diane D. Re | 1104 CARDINAL CREEK PLACE | Orlando, FL 32765     |   |          |                    |                 |
| TITLE                      | NAME                     | STREET ADDRESS            | CITY-ST-ZIP           | 4.1 TITLE   | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP |
|                            |                          |                           |                       |   |          |                    |                 |
| TITLE                      | NAME                     | STREET ADDRESS            | CITY-ST-ZIP           | 5.1 TITLE   | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP |
|                            |                          |                           |                       |   |          |                    |                 |
| TITLE                      | NAME                     | STREET ADDRESS            | CITY-ST-ZIP           | 6.1 TITLE   | 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: \_\_\_\_\_ DATE: 3/14/97 DAYTIME PHONE: 407-671-1820