

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Jul 16 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 # P96000036446 (8)
 1. Corporation Name

GLOBAL BAGGAGE PROTECTION SYSTEMS, INC.



Principal Place of Business: 5840 S.W. 8 STREET, STE. 4, MIAMI FL 33144 US
 Mailing Address: 2250 S.W. 3 AVE. 5TH FLOOR, MIAMI FL 33129 US
3914 NW 25ST MIAMI FL 33142

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 *3914 NW 25TH ST.*
 Suite, Apt. #, etc.:
 City & State: 23 *MIAMI, FLA.*
 Zip: 24 *33142* Country: 25
 2a. Mailing Address: 26 *3914 NW 25TH ST.*
 Suite, Apt. #, etc.:
 City & State: 28 *MIAMI, FLA.*
 Zip: 29 *33142* Country: 30 *U.S.A*

3. Date Incorporated or Qualified: *04/26/1996*
 4. FEI Number: *65-0666917* 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
 RAMOS, JORGE H
 2250 SW 3RD AVE. 5TH FL.
 MIAMI FL 33129

10. Name and Address of New Registered Agent
 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 signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	VILLALON, RADAMES
STREET ADDRESS	5840 S.W. 8 STREET, STE. 4
CITY-ST-ZIP	MIAMI FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	RAMOS, ENRIQUE A
STREET ADDRESS	5840 S.W. 8 STREET, STE. 4
CITY-ST-ZIP	MIAMI FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	MESTRE, PEDRO P
STREET ADDRESS	5840 S.W. 8 STREET, STE. 4
CITY-ST-ZIP	MIAMI FL
TITLE	S <input type="checkbox"/> DELETE
NAME	VILLALON, MINET
STREET ADDRESS	5840 S.W. 8 STREET, STE. 4
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PETER P. MESTRE
3.3 STREET ADDRESS	564 SW 5TH AVE
3.4 CITY-ST-ZIP	S. MIAMI, FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: _____ 305 870-9700

CR2E034 (5/98)