

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

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

2. Principal Place of Business

21 3914 NW 25TH ST.

2a. Mailing Address

26 3914 NW 25TH ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI, FLA.

City & State

28 MIAMI, FLA.

Zip

24 33142

Country

Zip

29 33142

Country

30 U.S.A

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME VILLALON, RADAMES
STREET ADDRESS 5840 S.W. 8 STREET, STE. 4
CITY-ST-ZIP MIAMI FL

TITLE VD ☐ DELETE

NAME RAMOS, ENRIQUE A
STREET ADDRESS 5840 S.W. 8 STREET, STE. 4
CITY-ST-ZIP MIAMI FL

TITLE VD ☐ DELETE

NAME MESTRE, PEDRO P
STREET ADDRESS 5840 S.W. 8 STREET, STE. 4
CITY-ST-ZIP MIAMI FL

TITLE S ☐ DELETE

NAME VILLALON, MINET
STREET ADDRESS 5840 S.W. 8 STREET, STE. 4
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PETER P. MESTRE
5644 SW 5TH AVE
S. MIAMI, FL

14. I 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:

SIGNATURE REQUIRED

305 870-9740

CR2E034 (5/98)