

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

FILED

Apr 09 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 # **P96000056602**

1. Corporation Name

GLOBE INTERTRADE CO.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified

Ju.1996

3a. Date of Last Report

2. Principal Place of Business

21. **6194 Willow Pointe Cir**

State Apt #, etc

22. City & State

23. **Orlando Florida**

Zip

32822

Country

USA

28. Mailing Address

26. **6194 Willow Pointe Cir**

Suite, Apt #, etc

27. City & State

28. **Orlando Florida**

Zip

32822

Country

USA

4. FEI Number

65-0677750

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 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

81. Name

Jim John Vermey

82. Street Address (P.O. Box Number is Not Acceptable)

6194 Willow Pointe Circle

83. City

84. City

Orlando

FL

85. Zip Code

32822

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

Jim John Vermey

03/21/97

(Signature for type of record name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | |
|-----------------|---------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| 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 | P/D | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 1.2 NAME | Jim John Vermey | | |
| 1.3 STREET ADDRESS | 6194 Willow Pointe Circle | | |
| 1.4 CITY - ST - ZIP | Orlando FL 32822 | | |
| 2.1 TITLE | D/V | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Noldie Healy | | |
| 2.3 STREET ADDRESS | 6194 Willow Pointe Circle | | |
| 2.4 CITY - ST - ZIP | Orlando FL 32822 | | |
| 3.1 TITLE | D/V | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Guido Robles | | |
| 3.3 STREET ADDRESS | 6194 Willow Pointe Circle | | |
| 3.4 CITY - ST - ZIP | Orlando FL 32822 | | |
| 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 | 600002138168 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 6.2 NAME | -04/03/97--01028--033 | | |
| 6.3 STREET ADDRESS | ***165.00 | | |
| 6.4 CITY - ST - ZIP | | | |

14. I, the undersigned, 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. I am a 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 of this report, or on an attachment with an address.

SIGNATURE:

Guido Robles

03/21/97

(407) 275-7484

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)