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Jun 19 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 # P 96000056752
1. Corporation Name
Globalplex Telecom + Tech. Inc.

Principal Place of Business Mailing Address
7771 W. Oaklank Park Blvd. #122
Ft. Lauderdale, FL. 33351

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.	4. FEI Number	51-96
22 City & State	27 City & State	5. Certificate of Status Desired	Applied For Not Applicable
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$8.75 Additional Fee Required
24 Country	29 Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	\$5.00 May Be Added to Fees
25	30	Yes No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Corporation Service Company 1201 Hays Street Tallahassee, FL. 32301	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: Armand Ventura
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY - ST - ZIP President Armand Ventura 4300 N. Union Dr #8206 Lauderhill, FL. 33351	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP Same as #12
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP
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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone #

CR2E034 (9/96)