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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600062063 (8)

GLOBAL EXIM, INC.

Principal Place of Business

Mailing Address

111 EAST BULLARD PARKWAY, UNIT 211

111 EAST BULLARD PARKWAY, UNIT 211

FILED May 13 1997 8:00am Secretary of State



**************************************	, •	***************************************						
						3. Date Incorporated or Qualified 3a. Date of Last Report 07/24/1996		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For		
21		26				59-3392-130 Not Applicable		
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional		
22		27				Fee Required		
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be		
23	28					Trust Fund Contribution Added to Fees		
Zip	Country	Zipi []	n	untry		8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes V Yes No		
24	25 9. Name and Address of Current	29 Projetered Amont]3 0]	Ţ		Florida Statutes Yes No 10. Name and Address of New Registered Agent		
					81 Name			
AMERILAWYER CHARTERED 343 ALMERIA AVENUE								
	ALMERIA AVENUE IAL GABLES FL 33134	82 8			Street A	Address (P.O. Box Number & Not Acceptable)		
COH	AL GADLES FL 33134							
	•			83				
				84	City	FL 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statules, 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 Statules.								
SIGNATURE Signature, typod or printed name of registered agent and till of appropriate (NOT): Registered Agent signature required when relinstating) DATE								
12.	OFFICERS AND		13		an aig to over	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	DELETE		TITLE	7	☐ Change ☐ Addition		
NAME	SHINDE, SUBRAO PANDA		1.21	NAME	İ	• · · ·		
STREET ADDRESS	111 EAST BULLARD PARKWAY,	UNIT 211			ADDRESS			
CITY-ST-ZIP	TAMPA FL 33617		1	1.4 CHY-S1-ZIF				
TITLE	VID DELETE			2.1 TITLE		Change Addition		
NAME	AJJARAPU, SUREN KUMAR			NAME		<u></u> ,		
STREET ADDRESS	111 EAST BULLARD PARKWAY,	UNIT 211			ADDRESS			
CITY-ST-ZIP	TAMPA FL 33617	/		2. 4 City - \$1 - ZiP				
TITLE	SD DELFIE			3.1 TITLE D		DCST Change Addition		
NAME	AJJARAPU, JANAKI RAM)	ATTARADU JANAKI RAM		
STREET ADDRESS	111 EAST BULLARD PARKWAY.	UNIT 211			ADDRESS	AJJARAPU JANAKI RAM 15210 AMBERLY DR. APT# 1012		
CITY-ST-ZIP	TAMPA FL 33617		•	3.4 CHY-ST-7IP		JAMPA FL 33647		
TITLE		DELETE		TITLE	-	Change Addition		
NAME			4.2	NAME				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			1	CITY-S				
TITLE		DELETE		THLE		Change Addition		
NAME			5.2	NAME	-			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP	•			OTY-S				
TITLE		DELETE		TITLE	-	Change Addition		
NAME			1	NAME	Ì			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			1	CITY - S				
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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 office 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. JANAKI RAH AJJARAPU

1. 100/00