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

**PROFIT** CORPORATION ANNUAL REPORT

୍ 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # POGODOGOGO

1. Corporation	n Name	502000					
GLOBAL EXIM, INC.							
CEODILE ENTIN 1110					A COMPLEMENT THE ARCHER MARKET MA	AND A BOOK BARDA (1841 BANDA B	A100 101 1001
Principal Place	of Rusiness	Mailing Address			-	KINI ODINU ONNO NDIK BURIO O	LINE IN INS
15310 AMBERLY DRIVE 15310 AMBERLY DRIVE #230 #230							
TAMPA FL 33647 TAMPA FL 33647					DO NOT WRITE IN THIS SPACE		
US		us			3. Date Incorporated or Qualifed		
1					07/24/1996		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	App	lied For
21		26			59-3392130	Not	Applicable
Suite Ant	#, etc.	Suite, Apt. #, etc.			E. Contidents of Status Desired	√ \$8.75 Ad	dditional
22 SUI	2 SUITE # 360 27 SUITE # 36				5. Certificate of Status Desired	Fee Req	luired
	City & State City & State				6. Election Campaign Financing	¬ \$5.00 κ	vlay Be
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country		8. This corporation owes the current	year Intangible	
24	, — — — —				Personal Property Tax.	Yes [	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regi	stered Agent	
81				Name			
AMERILAWYER CHARTERED			82	Stroot Addra	ess (P.O. Box Number is Not Acceptable	<u>,                                      </u>	
343 ALMERIA AVENUE			62	Street Addre	is (F.O. Box Number is Not Abdeptable	′	
CORAL GABLES FL 33134			83				
						or Zin C	
			1 1	City		FL 85 Zip Co	ì
11. Pursuant	to the provisions of Sections 607 0502	and 607.1508. Florida Statutes	, the above-	named corpo	pration submits this statement for the pur	pose of changing its r	egistered
office or r	egistered agent, or both, in the State of	of Florida. Such change was auth	norized by th	ne corporation	oration submits this statement for the purn's board of directors. I hereby accept the	e appointment as regi	istered
agent. I a	m familiar with, and accept the obligat	ons of, Section 607.0505, Fioria	a Statutes.				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable . (NOTE: R	enistered Anent	signature required	when reinstating)	DATE	— }
12.	OFFICERS ANI		13.	39.000	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME			1.2 NAME				
ŀ	CHINDE, CODING 1740A		1.3 STREET A	.nnpess			
	CITOSICOS O IZO III OCITI II OCI DI II I		1.4 CITY-ST-				
CITY-ST-Z3P		770777					
TITLE	VTD	□ DELETE				Change	☐ Addition
NAME		☐ DELETE	2.1 TITLE	<u> </u>		Change	☐ Addition
	AJJARAPU, SUREN KUMAR	☐ DELETE	2.1 TITLE 2.2 NAME			☐ Change	Addition
STREET ADDRESS	9120 ROCK ROSE DR	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET A	DDRESS		☐ Change	☐ Addition
STREET ADDRESS	9120 ROCK ROSE DR TAMPA FL 33647		2.1 TITLE 2.2 NAME 2.3 STREET A 2.4 CITY-ST-	DDRESS			
	9120 ROCK ROSE DR TAMPA FL 33647 DCST	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET A 2.4 CITY-ST- 3.1 TITLE	DDRESS		☐ Change	☐ Addition
CITY-ST-ZIP	9120 ROCK ROSE DR TAMPA FL 33647 DCST AJJARAPU, JANAKI RAM		2.1 TITLE 2.2 NAME 2.3 STREET A 2.4 CITY-ST- 3.1 TITLE 3.2 NAME	DDRESS .	•		
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CITY-ST-ZIP TITLE NAME	9120 ROCK ROSE DR TAMPA FL 33647 DCST AJJARAPU, JANAKI RAM	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET A 2.4 CITY-ST- 3.1 TITLE 3.2 NAME	DDRESS	•	☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	9120 ROCK ROSE DR TAMPA FL 33647 DCST AJJARAPU, JANAKI RAM 9120 ROCK ROSE DRIVE		2.1 TITLE 2.2 NAME 2.3 STREET A 2.4 CITY-ST- 3.1 TITLE 3.2 NAME 3.3 STREET A	DDRESS	•		
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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 chapter 607, and an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

-8574X500 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90160 033 \*\*\*\*\*8.75

04-14-1999 90160 034 \*\*\*150.00