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PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P96000090090 (7)

GLOBETRADE, INC.

FILED Apr 08 1998 8:00am Secretary of State



862 WEST PALM RIN DRIVE NORTH LUCEROALE PL 3008 2. Pincipal Place of Business 23. Date Incorporated of Qualited 11/01/1986 2. Do Not Writte In This SPACE 2. Pincipal Place of Business 24. All along Address S 25. Suite, Apr. #. etc. 26. Suite, Apr. #. etc. 27. Suite, Apr. #. etc. 28. Suite, Apr. #. etc. 28. City & State 29. Country 29. 20. Country 20. 20. Name and Address of Current Registered Agent AMERILAWISE CHARTIERED 343 ALMERA AVENUE CORAL GABLES FL 33134 28. Street Address of Sections 607 0000 and 807 1000. Findids Studies in the address of Current Registered Agent 11. Pinnament to the provisions of Sections 607 0000 and 807 1000. Findids Studies in the address of Current Registered Agent 11. Pinnament to the provisions of Sections 607 0000 and 807 1000. Findids Studies in the address of th	Principal Plac	no of Business		lailea Address				1				IIMI DIII IMI
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2. Principal Place of Business 2. A. Maling Address 2. Sit 2. Si								11/01/1996				
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STREET ADDRESS BS STREET ADDRESS STREET ADDR	A	MERILAWYER CHARTERED				Name	سده	LIAS FRA	potern	. +		
## City N. LAUDER RUN. Part Part	343 ALMERIA AVENUE					82 Street A	Address	(P.O. Box Number k	Not Acceptal	ble)		
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 Status f for dis Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the Status f for dis Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered of the appointment	C	ORAL GABLES FL 33134				L		West Pala	m Rum Di	rive		
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12.	SIGNATURE	Signature, typed or printed name of registered ag-	of and title	ed applicable (NC	OTE Registere	d Agent signature	required w	hen reinstating		DATE		
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CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 75 Certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3Vi). Florida Statutas I further certify that the information	CITY-ST-ZIP								 			

Indicated on this annual report or supplied with this hing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this 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 or an attachment with an address.