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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mgrtham #

Secretary of State DIVISION OF CORPORATIONS

P97000068560 (6) DOCUMENT #

GLOBAL STRATEGIES ENTERPRISES CORPORATION

Principal Place of Business

Mailing Address

FILED Feb 26 1998 8:00am Secretary of State



C/O ROBERTS & SALAZAR, L.L.P. C/O ROBERTS & SALAZAR. L.L.P. 50 WEST MASHTA DRIVE SUITE 2 50 WEST MASHTA DRIVE SUITE 2 DO NOT WRITE IN THIS SPACE KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149 3. Date Incorporated or Qualified 08/07/1997 2. Principal Place of Business 2a. Mailing Address Applied For FEI Number 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. Yes Yes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** SALAZAR, LISETTE ESO C/O ROBERTS & SALAZAR, L.L.P. Street Address (P.O. Box Number is Not Acceptable) 50 WEST MASHTA DRIVE SUITE 2 **KEY BISCAYNE FL 33149** 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) Stignature, typed or printed name of registered agent and title if apply able ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE ALFONSO, FERNANDO D NAME 1.2 NAME 151 CRANDON BLVD #420 STREET ADDRESS 1.3 STREET ADDRESS **KEY BISCAYNE FL 33149** 1.4 CiTY - ST - ZiP CITY-ST-ZIP DELFTE Change Addition 21 TITLE TITLE Alfonso, Adriana ALFONSO, ADRIANO NAME 2.2 NAME 151 CRANDON BLVD #420 STREET ADDRESS 2.3 STREET ADDRESS **KEY BISCAYNE FL 33149** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE DASSO, HECTOR 3.2 NAME NAME 161 CRANDON BLVD UNIT 127 **33 STREET ADDRESS** STREET ADDRESS **KEY BISCAYNE FL 33149** CITY-ST-ZIP 34. CITY-ST-ZIP DELFTE ☐ Change Addition | 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ■ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

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 on an attataument with an address.

SIGNATURE: 👗

1/27/98

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