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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000017773

CGM GLOBAL ENTERPRISES, INC.

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	13876 MIAMI	SW	56	STRE	ET
ı	MIAMI	FL			

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90075 042 ***158.75



Principal Place	e of Business	Mailing Address					•	
13876 SW 56 S	TREET	ERNESTO SANCEZ P.A.			•			
MIAMI FL		814 PONCE DE LEON BL	814 PONCE DE LEON BLVD SUITE 505 CORAL GABLES FL 33134			COURT IN THIS	· CDAOE	
		CORAL GABLES FL 33134				DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualif	ed		
					02/24/1998			
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		· +	olied For
11		26 c/o Ernesto	Sanch	ez P.A.	65-0815498			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	ı Y	\$8.75 ₽	I
22		27					Fee Re	
City & State	9	City & State			6. Election Campaign Financin	ng 🗂 🗎	- ~\$5:00	May Be
23		28			Trust Fund Contribution		Added t	Fees
	Country	Zìp	Cour	ntry	8. This corporation owes the o	current year In		
zig 3317	25	29	30		Personal Property Tax.			□No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of Ne	w Registered	l Agent	
			i	81 Name				
SAN	CHEZ, ERNESTO P.A.		İ	82 Street Ad	dress (P.O. Box Number is Not Acce	entable)		
814	PONCE DE LEON BLVD.			OZ Street Ad	idless (F.O. Box Nambol is Not Nece	optiono,		
SUIT	E 505		ŀ	83				
COR	AL GABLES FL 33134		ļ					
			}	84 City		FI	85 Zip (Code
		502 and 507 1509 Florida Statu	toc the at	nove named co	prporation submits this statement for	the purpose o	f changing its	registered
	to the provisions of Sections 607.0	302 and 607, 1306, Florida Statu	ies, life at	ove-named co	ation's board of directors. I hereby ac	cept the appo	intment as re	istered
office or re	egistered agent or both in the Sta	te of Florida. Such change was i	authorized	by the corpora				
office or re	egistered agent, or both, in the Sta m familiar with, and accept the obli	igations of, Section 607.0505, Fl	authorized orida Statu	by the corpora				
office or re agent. I as	egistered agent, or both, in the Sta m familiar with, and accept the obli	gations of, Section 607.0505, Fi	onda Stati	tes.				
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required on this annual report of supplemental annual report is the and accurate and maning signature shall have the same required to a firm and officer or director of the corporation or the receiver for 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 anderes, with all other like empowered.