## 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 # P98000029842

GLOBAL CONNECTIONS GROUP, INC.

Principal Place	of Business	Mailing Address						•	
12920 SOUTHWEST 111TH AVENUE MIAMI FL 33176		12920 SOUTHWEST 111TH AVENUE MIAMI FL 33176						•	
					DO NOT WRITE IN THIS SPACE				
						<ol> <li>Date Incorporated or Qualification</li> <li>04/01/1998</li> </ol>	ed		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	(1200	App	lied For
21		26				65-087	1396	Not	Applicable
<u> </u>		Suite, Apt. #, etc.	, etc.					\$8.75 A	dditional
22		27			5. Certifcate of Status Desired	ы	Fee Rec	uired	
City & State		City & State			6. Election Campaign Financir	ng .□ -	\$5.00	viav Be	
23		28		-	Trust Fund Contribution	• П	Added to	Fees	
Zip	Country	Zip	Coun	try	· ·	8. This corporation owes the o	urrent year Int	angible	
24	25 29 30			Personal Property Tax.					
<u> </u>	nt Registered Agent				10. Name and Address of Ne	w Registered	Agent		
<del></del>			- 1	81	Name				
AMERILAWYER .			L.	_ -	01	eet Address (P.O. Box Number is Not Acceptable)			
343	almeria avenue		'	82	Street Addre	ss (P.O. Box Number is Not Acce	эргарів)		
CORAL GABLES FL 33134			ļ.	83	-				
			-	84	City			85 Zip C	ode
1					•		<u>FL</u>	<b>.</b>     _	
11, Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the ab	ove-	named corpo	ration submits this statement for	he purpose of	changing its r	egistered
office or r	to the provisions of Sections 607,050 egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida. Such change was au ations of. Section 607.0505. Flori	tnonzea da Statut	by ir tes.	ne corporation	is board of directors, Thereby ac	cept the appoi	milient as reg	istered
] -	ichimica wilan, alia accopt alia acing								
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: F	Registered A	gent s	signature required	when reinstating)	DATE		
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO	OFFICERS AN		
TITLE	PSTD .	☐ DELETE	1.1 TITL	E				Change	☐ Addition
NAME	SNYDER, DOMENICA R		1.2 NAM	Æ					
STREET ADDRESS 12920 SOUTHWEST 111TH AVENUE			1.3 STR	EETA	UDDRESS				
CITY-ST-ZIP	MIAMI FL 33176		1.4 CITY	Y-ST-	ZIP				
TITLE	STD	☐ DELETE	2.1 TITL					☐ Change	Addition
<b>1</b>	SNYDER, DUANE R		2.2 NAM	<b>AF</b>					
	ACCOUNT INVEST ANTH AVENUE					•			
STREET ADDRESS	MIAMI FL 33176		2 2 CTD	CCT A	nnocee	·			-
CITY-ST-ZIP		/ENUE			ADDRESS	•			ĺ
TITLE	IVIDAMI I E 33170		2. 4 CIT	Y-ST-		· 		☐ Change	Addition :
	IVIIAWI I E 00170	DELETE	2. 4 C/T 3.1 T/TL	Y-ST- E		-	·	☐ Change	☐ Addition
NAME			2. 4 CIT 3.1 TITL 3.2 NAM	Y-ST- E ME	-ZIP	·		Change	Addition (
NAME STREET ADDRESS	1911AWI 1 E 03170		2. 4 CIT 3.1 TITL 3.2 NAM 3.3 STR	Y-ST- E ME REETA	ADDRESS			Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	1911AWI 1 E 03170	C) DELETE	2. 4 C/T 3.1 T/TL 3.2 NAA 3.3 STR 3.4. C/T	Y-ST- E ME REET A Y-ST-	ADDRESS				
STREET ADDRESS	WILMINI E 03170		2. 4 CIT 3.1 TITL 3.2 NAM 3.3 STR	Y-ST- E ME REET A Y-ST-	ADDRESS			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	WILMINI L COSTIO	C) DELETE	2. 4 C/T 3.1 T/TL 3.2 NAA 3.3 STR 3.4. C/T	Y-ST- E ME REET M Y-ST- E	ADDRESS				
STREET ADDRESS CITY-ST-ZIP TITLE	WILLIAM I E 33170	C) DELETE	2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4. CIT 4.1 TITL 4.2 NAA	Y-ST- E ME REET A Y-ST- E ME	ADDRESS				
STREET ADDRESS CITY-ST-ZIP TITLE NAME	WILLIAM I E 33170	DELETE	2. 4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4. CIT 4.1 TITL 4. 2 NAA 4.3 STR 4.4 CIT	Y-ST- E AE Y-ST- E ME REET A	ADDRESS ADDRESS			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	WILLIAM I E 33170	C) DELETE	2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4. CIT 4.1 TITL 4.2 NAA 4.3 STR 4.4 CIT 5.1 TITL	Y-ST- E ME Y-ST- E ME REET A Y-ST- E	ADDRESS ADDRESS		-		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILLIAM I E 33170	DELETE	2. 4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4. CIT 4.1 TITL 4. 2 NAA 4.3 STR 4.4 CIT	Y-ST- E ME Y-ST- E ME REET A Y-ST- E	ADDRESS ADDRESS		-	☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	TYLENI I E 33170	DELETE	2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4. CIT 4.1 TITL 4.2 NAA 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAA	Y-ST- E AE EEET A Y-ST- E EEET A Y-ST- E	ADDRESS ADDRESS		-	☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TYLENI I E 33170	DELETE	2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAA 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAA	Y-ST- E AE  AE  Y-ST- E  ME  REET A  Y-ST- E  ME  REET A	ADDRESS ADDRESS ADDRESS ZIP			☐ Change	☐ Addition

14. I hereby certify that the information supplied with this filing 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 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 of 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 for on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADORESS

SIGNATURE:

NAME

STREET ADDRESS

Domenica R. SHYDER

**FILED** 

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90042 004 \*\*\*150.00

CR2E034 (11/98)