

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

FILED  
Feb 25 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S25308 (5)  
1. Corporation Name  
GLOBAL EXPORT CORPORATION

Principal Place of Business  
7190 N.W. 52ND ST.  
MIAMI FL 33166  
US

Mailing Address  
7190 N.W. 52ND ST.  
MIAMI FL 33166  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4995 NW 72nd Ave Suite, Apt #, etc. 22 200 City & State 23 MIAMI, FL. Zip 24 33166 Country 25 USA		2a. Mailing Address 26 4995 NW 72nd Ave Suite, Apt #, etc. 27 200 City & State 28 MIAMI, FL Zip 29 33166 Country 30 USA		3. Date Incorporated or Qualified 01/16/1991	
		4. FEI Number 65-0248748		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

8. Name and Address of Current Registered Agent

MARTINEZ, ELIO  
1740 SW 89TH PLACE  
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12.	TITLE	P	DELETE <input type="checkbox"/>
	NAME	MARTINEZ, ELIO	
	STREET ADDRESS	1740 S.W. 89TH PLACE	
	CITY - ST - ZIP	MIAMI FL	
	TITLE	DT	DELETE <input type="checkbox"/>
	NAME	CHINEA, MIRIAM	
	STREET ADDRESS	1740 SW 89TH PLACE	
	CITY - ST - ZIP	MIAMI FL 33165	
	TITLE		DELETE <input type="checkbox"/>
	NAME		
	STREET ADDRESS		
	CITY - ST - ZIP		
	TITLE		DELETE <input type="checkbox"/>
	NAME		
	STREET ADDRESS		
	CITY - ST - ZIP		
	TITLE		DELETE <input type="checkbox"/>
	NAME		
	STREET ADDRESS		
	CITY - ST - ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
	1.2 NAME	
	1.3 STREET ADDRESS	
	1.4 CITY - ST - ZIP	
	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
	2.2 NAME	
	2.3 STREET ADDRESS	
	2.4 CITY - ST - ZIP	
	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
	3.2 NAME	
	3.3 STREET ADDRESS	
	3.4 CITY - ST - ZIP	
	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
	4.2 NAME	
	4.3 STREET ADDRESS	
	4.4 CITY - ST - ZIP	
	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
	5.2 NAME	
	5.3 STREET ADDRESS	
	5.4 CITY - ST - ZIP	
	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
	6.2 NAME	
	6.3 STREET ADDRESS	
	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 attachment with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deadline Phone #

0000044

CR2E034 (1097)