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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S38885

(7)

GLOBAL SPECIALTY TRADING CORPORATION

Principal Place of Business	Mailing Address	
2770 NW 24TH ST MIAMI FL 33142	2770 NW 24TH ST MIAMI FL 33142	DO NOT WRITE II
		 Date Incorporated or Qualified 03/19/1991
2. Principal Place of Business	2a. Mailing Address	4, FEI Number
21	26	65-0253539
Suite, Apt. #, etc.	Suite, Ap1. #, etc.	5. Certificate of Status Desired
City & State	City & State	6. Election Campaign Financing
23	28	Trust Fund Contribution
Zip Country	Zip Country	8. This corporation owes or has paid

FILED Mar 20 1998 8:00am Secretary of State



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2770 NW 241	ih st			W 24TH ST				1						
MIAMI FL 331	142		MIAMI F	FL 33142						- 55				
								<u> </u>			WRITE IN TH	S SPA	CE	
								3.		orated or Qu	alified			
									03/19/19	91				
2. Principal P	Place of Business		2a. Mailir	ng Address				4.	FEI Number				T A	pplied For
21			26						65-025	૧૬ ૧૦				lot Applicable
Suite, Apt.	#. etc.			, Apt. #, etc.								9		Additional
22		ŀ	27	1.54				5.	Certificate o	of Status Design	red 🔲	7		lequired
City & Stat	le .			& State					Stantion Cor	··· · · · · · · · · · · · · · · · · ·	· - '			
23	.0	}		Locato				ъ.	Trust Fund (mpaign Finan Contribution	ncing		\$5,00	May Be to Fees
Zip	1 00	untry	Zip		Col	ıntry					<u> </u>			
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24	25 25 and 4d		29	4 mant	30					operty Tax du				No
 		Idress of Current R	egistereu	Agent		04	*1	10.	Name and	Address of n	lew Registere	d Age	nt	
)bin, david M.					81	Name							
455	55 ADAMS AVENU	Æ				82	Street Add	dress (P	O. Box Num	nber is Not Ad	cceptable)	-		
	AMI BEACH FL 33						Oncorrac	uitoso (.	.0. 000 110	1001 10 1 101	obbias.s,			
	***************************************	,,,,				83								
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					ŀ	84	City				F	8	5 Zip	Code
44 Diversort	4- 4ha aroudelone of (^= -t.opg CO7.0602 or	- J CO7 16C	10 Elevido Ctati	the of		-amad aar		- automite this	- statement fo				'internal
office or r	to the provisions of S registered agent, or I	both, in the State of I	Horida. Suc	ch change was	authorize	d by	the corpora	rporation ation's b	on submits the	s statement k chars. I herebi	or the purpose v accept the a	or cra opolnt	inging ment as	its registered
agent. La	am familiar with, and	accept the obligation	ns of Secti	ion 607.0505, F	lorida Stat	iules		tagran.	JUG		y 4000,	HW	1,	o logicio
SIGNATURE	•					_			_					
010	Signature, typed or printed	name of registered agent an				d Agen	nt signature requ				DATE			
12.		OFFICERS AND D	IRFCTORS	;	13.			<u> </u>	ADDITIONS/C	CHANGES TO	OFFICERS A	ND DI	RECTO	RS IN 12
TITLE	CTD			DELET E	1.1 T	TLE							Change	Addition
NAME	SANDERS, RO	Bert M.			1.2 NA	AME								
STREET ADDRESS	2770 NW 24TH						AODRESS							
}	MIAMI FL	101.					- 1							
CITY-ST-ZIP				DELETE		TY-ST	-ZIP						Observe	1 Addition
TITLE	PD BOD			T DEFE 15	2.1 111							ш	Change	Addition
NAME	DUENAS, ROB				2.2 NA	AME								
STREET ADDRESS	2770 NW 24TH	ł ST.			2.3 ST	REET A	ADDRESS							
CITY-ST-ZIP	MIAMI FL				2.4 C	ITY-ST	T-ZIP							
TITLE	SD			DELETE	3.1 111								Change	Addition
NAME	DOBINH, DAVID	n M			3.2 NA		1						-	
I	4555 ADAMS A													
STREET ADDRESS		AVE					ADDRESS							
CITY-ST-ZIP	MIAMI BCH FL					ITY-ST	T-ZIP							1
TITLE	AS			DELETE	4.1 TH	TLE						ليا	Change	☐ Addition
NAME	Goodin, Mon				4. 2 N/	AME								
STREET ADDRESS	2770 NW 24TH	I ST.			4.3 ST	REET A	ADDRESS							
CITY-ST-ZIP	MIAMI FL					TY-ST-	ľ							
TITLE	VP			DELETE	5.1 TIT		- 211	-				$\neg \neg$	Change	Addition
· I		מ זמי		Lag precie			ŀ						Olidingo	
NAME	WALSKY, ROB				5.2 NA									
STREET ADDRESS	2770 NW 24TH	SIREE		è	5.3 ST	REET A	ADDRESS							
CITY-ST-ZIP	MIAMI FL.				5.4 CI	TY-ST-	- ZIP	·		·				
TITLE				DELETE	6.1 TIT	ſLE							Change	Addition
NAME	I				6.2 NA	ME								,
STREET ADDRESS	I						ADDRESS							İ
SINCEL AUDUNCOU	I				0.0 511	KELIA	ADDIKE22							

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.

34clas 705-635-7331