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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P950000 34897

GLOBAL BUSINESS COMMUNICATION IN Principal Place of Business Mailing Address 828 FALLING WATER ROAD FT. LAUDE DALE, FL 33326 3. Date Incorporated o 3a. Date of Last Report 28. Mailing Address
26. 828 FALLING WATER RD 2. Principal Place of Business 4. FEI Numbe Applied For 828 FALLING WATERAD Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be FT. LAUDERDALE Added to Fees Trust Fund Contribution 9. Name and Address of Current Registered Agent US A 10. Name and Address of New Registered Agent Name KENNETH ANGEL Street Address (P.O. Box Number is Not Acceptable) 82 Building One Apt 2104 83 City 84 85 Zio 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. I am formular with and accept the objections of Section 607 0505, Florida Statutes. rr and tire if applicable FN ANGER SIGNATURE OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TUTLE PV5T DELETE LENNETH ANGEL 1.1 TITLE ☐ Change Addition NAM: 1.2 NAME 11111 BUSCAMNE BLUD B110. NE 0NE # 2104 STREET ADDRESS 1.3 STREET ADDRESS CITY - \$1 - 712 1.4 CITY - ST - ZIP DELETE TILLE 21 TITLE Change Addition

NAM 22 NAME STREET ADDRESS 2.3 STREET ADDRESS 0174 - 51 - 200 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 Pitte : Change Addition 3.2 NAME NAME STREET ACCORNESS 3.3 STREET ADDRESS 3.4. CITY - \$T - 2IP DELETE TIFLE 4.1 FITLE Change ■ Addition NAME 4 2 NAME SUREEL ADDRESS 43 STREET ADDRESS Olly 51 7IP 44 CITY - ST - ZIP DELETE TRUE ☐ Change 51 TITLE L. Addition 900002198159 -06/02/97--01115--041 NAME 52 NAME STREET ADDINESS **53 STREET ADDRESS** ***165.00 CITY SI 54 CITY-ST-ZIP DELETE THEF 61 TITLE Change Addition NW 62 NAME STREET ADDRESS 6 3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this fling 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 regeiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 or Block 12 or Block

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/17 1 100 544 06
Dayline Prone #

FILED

May 19 1997 8:00am

Secretary of State