

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

FILED
May 24, 1999 8:00 am
Secretary of State

05-24-1999 90017 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000049068

1. Corporation Name
GLOBEX MANAGEMENT, INC.



Principal Place of Business 7499 W. ATLANTIC AVE. STE 208 DELRAY BEACH FL 33446	Mailing Address 7499 W. ATLANTIC AVE. STE 208 DELRAY BEACH FL 33446
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/29/1998	
4. FEI Number 65-0839530	Applied For Not Applicable
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent WILLIAMS, DIANA 4902 N.W. 105TH DR. CORAL SPRINGS FL 33076	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CFO	1.1 TITLE	
NAME	WILLIAMS, DIANA	1.2 NAME	
STREET ADDRESS	4902 N.W. 105TH DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	1.4 CITY-ST-ZIP	
TITLE	DT	2.1 TITLE	
NAME	WILLIAMS, DIANA	2.2 NAME	
STREET ADDRESS	4902 N.W. 105TH DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	2.4 CITY-ST-ZIP	
TITLE	DP	3.1 TITLE	
NAME	WILLIAMS, NEIL	3.2 NAME	
STREET ADDRESS	4902 N.W. 105TH DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	3.4 CITY-ST-ZIP	
TITLE	DC	4.1 TITLE	
NAME	JADALI, NILOUFAR	4.2 NAME	
STREET ADDRESS	10733 RANCHIPUR ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	4.4 CITY-ST-ZIP	
TITLE	CEOS	5.1 TITLE	
NAME	KHATAMI, ALI	5.2 NAME	
STREET ADDRESS	10733 RANCHIPUR ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

5/28/99 954-344-869