FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 AM 9:53

DOCUMENT # V59743 (7)

1. Corporation Name
GLOBAL EXCHANGE, INC.

Principal Place of Business
~~320 S. FLAMINGO RD.~~
~~SUITE 120~~
~~PEMBROKE PINES FL 33027~~

Mailing Address
~~320 S. FLAMINGO RD.~~
~~SUITE 120~~
~~PEMBROKE PINES FL 33027~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/24/1992
3a. Date of Last Report: 10/03/1994
4. FEI Number: 65-0357955 — Applied For / Not Applicable
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 is subject to tax under Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business
21 9000 WEST SHERIDAN ST.
22 Suite, Apt #, etc: SUITE 154
23 City & State: PEMBROKE PINES, FL
24 Zip: 33024 25 Country: U.S.A.

2a. Mailing Address
26 9000 WEST SHERIDAN ST
27 Suite, Apt #, etc: SUITE 154
28 City & State: PEMBROKE PINES, FL
29 Zip: 33024 30 Country: U.S.A.

9. Name and Address of Current Registered Agent
ARIBEANA, FRANKLIN O
~~320 SO FLAMINGO RD~~
~~STE 120~~
~~PEMBROKE PINES FL 33027~~

ARIBEANA, FRANKLIN O
GLOBAL EXCHANGE, INC
9000 WEST SHERIDAN ST
SUITE 154
PEMBROKE PINES, FL 33024

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

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] (FRANKLIN O. ARIBEANA) PRESIDENT 5/29/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1 TITLE	[ ] Change [ ] Addition
NAME	ARIBEANA, RACHEL O	1 NAME	
STREET ADDRESS	9551 HUDSON STR	1 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	1 CITY-ST-ZIP	
TITLE	PD	2 TITLE	[ ] Change [ ] Addition
NAME	ARIBEANA, FRANKLIN O	2 NAME	
STREET ADDRESS	9551 HUDSON STR	2 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	2 CITY-ST-ZIP	
TITLE		3 TITLE	[ ] Change [ ] Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	[ ] Change [ ] Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	[ ] Change [ ] Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	[ ] Change [ ] Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] (FRANKLIN O. ARIBEANA) 5/29/95 (305) 430-6767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

0118062 CP