FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED

95 ... 15

DOCUMENT # F94000000252 (6)

1. Corporation Name

GLOBEFERN USA, INC.

Principal Place of Business	Mailing Address
5047 NORTH A1A ATLANTIC VIEW, SUITE 305 FT PIERCE FL 34949	5047 NORTH A1A ATLANTIC VIEW, SUITE 305 FT PIERCE FL 34949

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
24 / 25	29 / 30

3. Date Incorporated or Qualified: 01/06/1994

3a. Date of Last Report:

4. FEI Number: 22-3076828 — 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 has failed for exemption ... Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DORIA, ANTONIO 5047 NORTH A1A ATLANTIC VIEW, SUITE 305 FT PIERCE FL 34949	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 ______ Date ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CPT	☐ Change ☐ Addition
NAME	DORIA, ANTONIO	
STREET ADDRESS	5047 NORTH A1A, ATLANTIC VIEW, SUITE 305	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	VCVS	☐ Change ☐ Addition
NAME	OLIVETI, SUSAN	
STREET ADDRESS	5047 NORTH A1A, ATLANTIC VIEW, SUITE 305	
CITY-ST-ZIP	FT PIERCE FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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(1)(i), Florida Statutes. I further certify that the information indicated on the 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: Antonio Doria — April 24, 1995 — 407/460-9950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0382627 CP