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 # F9600006794 (9)

GLOBAL ASSOCIATES (U.S.A.), INC.

Principal Place of Business Mailing Address 2335 HOWARD DR 2335 HOWARD DR ORLANDO FL 32803 ORLANDO FL 32803 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u> 12/24/1996</u> 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable 43-1742278 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip ZID Country Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent HENLON, W ERIC 2335 HOWARD DR 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32803 83 City Zip Code FI 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 mirrie of registerest agent and title if applicable (NO1E: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition DCPT TITLE 1.1 TITLE RIVERA, VICTOR LUIS NAME 1.2 NAME 2335 HOWARD DR STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32803 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change ☐ Addition TITLE DCS 2.1 TITLE SCHULTE, MARK NAME 2.2 NAME STREET ADDRESS 1509 WASHINGTON AVE 2.3 STREET ADDRESS ST LOUIS MO 63103 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE M NAME ITUARTE, JESUS 3.2 NAME 1509 WASHINGTON AVE 3.3 STREET ADDRESS STREET ADDRESS ST LOUIS MO 63103 CITY-ST-ZIP 3.4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 4 1 TITLE NAME 4 2 NAME STREET ADDRESS 43 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZiP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

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.

6.4 CITY-ST-ZIP

6213

Virtual Rivers President Donlar

FILED

May 07 1998 8:00am

Secretary of State