

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90078 011 ***150.00

DOCUMENT # F96000006794

1. Corporation Name
GLOBAL ASSOCIATES (U.S.A.), INC.



Principal Place of Business

2335 HOWARD DR
ORLANDO FL 32803

Mailing Address

2335 HOWARD DR
ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2029 Crowley Circle West
Suite, Apt. #, etc.

City & State

Longwood, FL

Zip

32779

Country

25 Seminole

2a. Mailing Address

26 2029 Crowley Circle West
Suite, Apt. #, etc.

27 Longwood, FL 32779
City & State

28

Zip

32779

Country

30 Seminole

3. Date Incorporated or Qualified

12/24/1996

4. FEI Number

43-1742278

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HENLON, W ERIC
2335 HOWARD DR
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name ARNOLD, MATHEW & EAGAN PA.
82 Street Address (P.O. Box Number is Not Acceptable)
Suite 201, 801 N. MAGNOLIA AVE
83
84 City ORLANDO FL 85 Zip Code 32803

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 Arnold, Mathew & Eagan PA by [Signature] DATE April 26 1999
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELET |
|-------|---------------------|---------------------|-------------------|--------------------------|
| DCPT | RIVERA, VICTOR LUIS | 2335 HOWARD DR | ORLANDO FL 32803 | <input type="checkbox"/> |
| DGS | SCHULTE, MARK | 1509 WASHINGTON AVE | ST LOUIS MO 63103 | <input type="checkbox"/> |
| DV | ITUARTE, JESUS | 1509 WASHINGTON AVE | ST LOUIS MO 63103 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change | Addition |
|-----------|----------|--------------------------|--------------------|-------------------------------------|--------------------------|
| | | 2029 Crowley Circle West | Longwood, FL 32779 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | Change | Addition |
| DS | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | Change | Addition |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | Change | Addition |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | Change | Addition |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | Change | Addition |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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] - VICTOR L. RIVERA Apr 27 99 (407) 333-0570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)