

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K95955** (6)
1. Corporation Name
GLOBE INVESTMENT INC.



Principal Place of Business
**% SILER & YAFFE CPA
2419 HOLLYWOOD BLVD
HOLLYWOOD FL 33020**

Mailing Address
**% SILER & YAFFE CPA
2419 HOLLYWOOD BLVD
HOLLYWOOD FL 33020**

2. Principal Place of Business
21. Suite, Apt #, etc
22. City & State
23. Zip
24. Country

2a. Mailing Address
26. Suite, Apt #, etc
27. City & State
28. Zip
29. Country

3. Date Incorporated or Qualified
06/16/1989

3a. Date of Last Report
09/11/1995

4. FEI Number
65-0154019

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 liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**GRIMALDI, NINA
175 FOUNTAINBLEAU BLVD.
SUITE 1-D
MIAMI FL 33172**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

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 the if applicable

(NOTE: Registered Agent signature required when re-registering)

(DATE)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------|---|--|
| TITLE | VPD | 1.1 TITLE | |
| NAME | ROOPNARINE, RAJKUMAR | 1.2 NAME | |
| STREET ADDRESS | 5005 COLLINS AVE #1511 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI BEACH FL | 1.4 CITY-ST-ZIP | |
| TITLE | PD | 2.1 TITLE | |
| NAME | JAGLAL, RAMLAKHAN | 2.2 NAME | |
| STREET ADDRESS | 5005 COLLINS AVE #1511 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI BCH FL | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ramlakhan Jaglal* - **RAMLAKHAN JAGLAL** 7/22/96 305-220-5820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)