File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 98 MAY -4 PM 12: 04 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #** L95000000782 1a. Principal Place of Business Address GLOBAL INVESTMENT ENTERPRISES, L. C. 100 S.E. 2ND STREET 100 S.E. 2ND STREET 28TH FLOOR 28TH FLOOR MIAMI FL 33131 MIAMI FL 33131 3. Date Organized or Qualified | 3a. State of Formation 2a. Mailing Address 2. Principal Place of Business 108 S. Miami Avenue. 108 S. Miami Avenue Sulle, Apr. #, etc. 10/16/1995 4. FEI Number Applied For A 200 City & Stale # 20 O City & State Not Applicable 65-066660 5. Date of Last Report Miami Miami 6. Certificate of Status Desired 33130 \$8.75 Additional Fee Required USA 3130 USA 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent Pamit Surana KTG63 REGISTERED AGE, NT CORPORATION Street Address (P.O. Box Number is Not Acceptable) 100 S.E. 2ND STREET 108 S. Miami Ave 28TH FLOOR Suite, Apt. #, etc. MTAMI FL 33131 <u>#200</u> Zip Code 33130 Miami 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) **Business Street Address** City, State and Zip Code Managing Members/Managers 10. Title on Delete member MEM SURANA, PAMIT MEM 100-S.E. 2ND STREET, MIAMI FL 33130 108 S. Miami Ave #200 Miami, FL CHARLOTTE NC 28226 MEM DHAKAD, PADAM 4246 WOODGLEN LANE 11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Daytime Phone #

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SIGNATURE: