FILE NOW: Fee after May 1, will be \$588.75

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LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			FILE	E D
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee				97 APR 24 AM 8: 11		
\$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE				•		
1. Name and Mailing Address of Limited Liability Company DOCUMENT #19600000484				SECRETARY OF STATE TALLAHASSE FLORIDA 1a. Principal Place of Business Address		
GLOBUS INTERNATIONAL L.C. 2736 OAKBROOK MANOR WESTON HILLS FL 33332				2736 OAKBROOK MANOR WESTON HILLS FL 33332		
If above mailing address is incorrect 2. Principal Place of Business	3 Date Organiza	ed or Qualified 1	3a. State of Formation			
E. Principal Flace of Business	illing Address	· ·		· · · · · · · · · · · · · · · · · · ·		
Suite, Apt. #, etc.	pt. #, etc.	04/30/1996 4. FEI Number		20 P	Applied For	
5967 NW 31 AVC. 5967 NW 31 A				Not Applicable		
Zip Coun	dale Fu F-Z	<u>Z/QUGEF</u> Count	010,14	5. Date of Last F	Report	6. Certificate of Status Desired
33309		309				SB 75 Addition of Fee Herquired
7. Name and A	ddress of Current Registere	d Agent	Name	6. Name and Add	ress of New Re	glatered Agent
GLOUKHOVSKOY, ALEXANDER 2736 OAKDROOK MANOR WESTON ALLS FL 33332			Street Address (P.O. Box Number is Not Acceptable) 5967 NW 31 AVC. Suite, Apt. #, etc.			
Ft. Landerdale FL 33309						
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						
SIGNATURE [Registried Agent scopping Appointment [NOTE Registered Agent signature required when reinstating)					DATE	110/9/
10. Title Managing	Members/Managers	Business Street Addres			City, State and Zip Code	
mgr glukhovskoy, alexander 2 736-oakbi				Ave.	FL.40 FL. 3	#### FL Puderdale 3309 1531717 97-01051-018 03.75 *****203.75
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: SIGNATURE: SIGNATURE AND TYPED OR POWERED NAME OF SIGNING MANAGING MEMBER OR MANAGER Dead Desprision Proce of Desprision Proce of Desprision Processing Managing Members or Manager Dead Desprision Processing Processing Manager Dead Desprision Processing Processi						
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