File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT FILED Secretary of State 1999 DIVISION OF CORPORATIONS 99 APR 20 AH 10: 13 FILING FEE | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA **DOCUMENT # L96000000484** 1a. Principal Place of Business Address GLOBUS INTERNATIONAL L.C. 10500 NW 50 ST., SUITE 103 2566 E. SUNRISE BLVD., SPACE SUNRISE FL 33351 FT. LAUDERDALE FL 33304 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 10500 NW SOSI 04/30/1996 FLSuite, Apt. #, etc. 4. FEI Number Applied For sui te City & State 65-0747827 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country \$8.75 Additional Fee Required 05/11/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office GLOUKHOVSKOY, ALEXANDER 10500 NW 50 ST., STE 103 Street Address (P.O. Box Number is Not Acceptable) SUNRISE FL 33351 300002854383---- 5 Suite, Apt. #, etc. -04/27/99--01100--018 ****188.75 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 DATE (Registered Agent Accepting Approximate) - (Rel He. Register of Agent signaturing professional enters of the 10. Trile Managing Members/Managers **Business Street Address** City, State and Zip Code MGR GLUKHOVSKOY, ALEXANDER 10500 NW 50 ST., SUITE 103 SUNRISE FL

11 Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther 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

INHSE10 R (12-98)

attachment with an address SIGNATURE: