
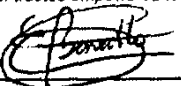


**FILE NOW: Fee after May 1, will be \$588.75**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED 97 APR 14 PM 2:31 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>FILING FEE</b> \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company  GLOBEX INTERNATIONAL, L.C. 3930 SOUTH NOVA ROAD STE 204 PORT ORANGE FL 32127		DOCUMENT #L96000001073  1a. Principal Place of Business Address 3930 SOUTH NOVA ROAD STE 204 PORT ORANGE FL 32127			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business 1648 TAYLOR ROAD Suite, Apt. #, etc. 233 City & State PORT ORANGE, FL Zip 32124 Country USA		2a. Mailing Address 1648 TAYLOR ROAD Suite, Apt. #, etc. 233 City & State PORT ORANGE, FL Zip 32124 Country USA		3. Date Organized or Qualified 10/10/1996 3a. State of Formation FL 4. FEI Number 65-0700249 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 6. Certificate of Status Desired SB 75 Addition of Fee Required <input checked="" type="checkbox"/>	
7. Name and Address of Current Registered Agent VAQUERIZO, JUAN M 3930 SOUTH NOVA ROAD STE 204 PORT ORANGE FL 32127			8. Name and Address of New Registered Agent Name LUIS AGRAMUNT Street Address (P.O. Box Number is Not Acceptable) 80 SW 8 <sup>th</sup> STREET Suite, Apt. #, etc. 2000 City MIAMI FL Zip Code 33130		
9. Pursuant to the provisions of Sections 608.416 and 608.604, 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 _____ DATE 02/05/1997 <small>(Registered Agent Acceptance/ Appointment) (If new registered agent signature required when reinstalling)</small>					
10. Title	Managing Member/Managers	Business Street Address		City, State and Zip Code	
MGRM	VAQUERIZO, MATEO	3930 SOUTH NOVA ROAD STE 2		PORT ORANGE FL	
MGRM	GLOBEX INTERNACIONAL,	3930 SOUTH NOVA ROAD STE 2		PORT ORANGE FL	
				000002143550--8 -04/15/97--01054--001 *****203.75 *****203.75 000002143550--8 -04/15/97--01054--002 *****8.75 *****8.75 JB4-14-97	
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: 		ERNESTO BENAVIDES POAHUANGA 02/05/1997 (904) 344,2947 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER MEMBER Date Daytime Phone #			