## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

L96528

(9)

DOCUMENT # 1. Corporation Name

FILED 96 DEC 13 PM 12: 36

GLOBAL HOLDINGS, INC.					SECRETARY OF STATE
Principal Place of Business Mailing Address					T HERITALLEND TO HER BETTALLENDE STATE THE STATE OF THE BETTALLENDED BY STATE THE
100 S E SECOND ST 17TH FLOOR MIAMS FL 33131-1101 US	100 S E SECOND ST 17TH FLOOR MIAM! FL 33131-1101 US				3. Date Incorporated or Qualified 3a. Date of Last Report 08/29/1990 05/18/1995
2. Principal Place of Business	2a. Mailing Address				4 5 6
21	26 Vialing Address				4. Fel Number Applied For Not Applied For Not Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<del></del>			5. Certificate of Status Desired S8.75 Additional Fee Required
City & State					6. Election Campaign Financing \$5.00 May Be
Zip Country	Country Zip C				Trust Fund Contribution Added to Fees  8. This corporation has liability for intangible tax under s 199.032.
24 25	29	30			Florida Statutes Yes No
9, Name and Address of Curren	Registered Agent				10. Name and Address of New Registered Agent
			81	Name	
FRIEDHOFF, JOHN H.			82	Street Add	iress (P.O. Box Number is Not Acceptable)
100 S E SECOND ST					
17TH FLOOR			63		
MIAMI FL 33131			84	City	FI 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502	and 607 1508. Florida Statute	es the sho	We-1	amod como	vation submits this statement for the number of changing its registered office
or registered agent / both, in the State of Florid	a. Such change was authorize	ed by the	corpo	oration's boa	oration submits this statement for the purpose of changing its registered office and of directors. I hereby accept the appointment as registered agent, I am
/ / / / / / / / / / / / / / / / / / / /	FRIEDHOFF				12/ak
SIGNATURE JOHN STORY TO SERVE TO THE SIGNATURE OF PROSTERIOR ASSOCIATION OF THE SIGNATURE OF PROSTERIOR ASSOCIATION OF THE SIGNATURE OF THE SI		TE: Registered	Agen	t sugrature require	ed when rendstating) DATE
12. OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE / DP	☐ DELETE	1.11	ITLE		☐ Change ☐ Addition
HAME KIMELBLAT, H.		121	AME	-	
STREET ADDRESS 175 NW 1 AVE 11TH FL		1.35	TREET	ADDRESS	
CITY - ST - ZIP MAMI FL		1.4 0	ITY-S	T-ZIP	
TIME DST	☐ DELETE	2.11	ITLE	1	☐ Change ☐ Addition
NAME KIMELBLAT, T.		22 N			
STREET ADDRESS 175 NW 1 AVE 11TH FL		2.35	TREET	ADDRESS	
CITY-ST-ZIP MIAMI FL	- December		TY-\$	T-ZIP	5000757 -12/17/96
TIRE VP	☐ DELETE	3.11		İ	-12/1//95[T]]@@@
IMAME KIMELBLAT, H. STREET ADDRESS 175 NW 1 AVE 11TH FL		521W			****375.00 *****375.00
STREET ADDRESS 1/5 NW 1 AVE 111H FL CITY-ST-ZIP MIAMI FL				ADDRESS	
IUF	☐ DELETE	4.11	ITY-S	T-ZIP	☐ Change ☐ Addition
NAME		4.2 N			S cuarle
STREET ADDRESS		1		ADDRESS	1
CIFY - ST- ZIP			TY-S		
TITLE	☐ DELETE	5.11		1-217	☐ Change ☐ Addition
NAME	_	5.2 NAME			
STREET ADDRESS				ADORESS	. دا ه
City - ST - ZIP		9	ITY-S		$\infty$ VW
TITLE	☐ DELETE	6.1T			Change Addition
NAME		62 N	AME	1	
STREET ADDRESS	IDRESS		STREET ADDRESS		U \V\
CITY - ST - ZIP		6.4 C	MY-S	1 - ZIF	<u> </u>
<ol> <li>I do hereby certify that the information supplied vicetify that the information indicated on this annual</li> </ol>	vith this filing is voluntarily furn al report or supplemental ann	ished and ual report i	does Is tru	not quality for and accura	for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further ate and that my signature shall have the same legal effect as if made under

or trustee empowere the not accurate and that my signature shall have the same legal effect as if made under or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name in an address. oath; that I am an officer or of appears in Block 12 or Block