File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FLORIDA DEPARTMENT OF STATE Sandra B. Mortham LIMITED LIABILITY COMPANY ANNUAL REPORT 1998 Secretary of State 98 MAR 23 PM 2: 52 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #** L97000000063 GLOBAL ACQUISITION PARTNERS, L.C. 701 BRICKELL AVE. 701 BRICKELL AVE. **SUITE 1900 SUITE 1900** MIAMI FL 33131 MIAMI FL 33131 3. Date Organized or Qualified | 3a. State of Formation 2. Principal Place of Business 2a. Mailing Address. 01/14/1997 4. FEI Number Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 65-0728906 Not Applicable 6. Certificate of Status Desired Zip Country Zip Country \$8.75 Additional Fire Birquired. 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name KEEFE, KENNETH H Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVE. **SUITE 1900** Sulte, Apt. #, etc. MIAMI FL 33131 City Zip Code 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, (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) **Business Street Address** City, State and Zip Code 10. Title Managing Members/Managers MEM KEEFE, KENNETH H 701 BRICKELL AVE., SUITE 1 MIAMI FL MEM SWANGER, CHAD 701 BRICKELL AVE., SUITE MIAMI FL 000002467180---03/24/98--01102--017 ****188.75 ****188.75

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

3/2/9*8 (305)789-2*78