## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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COI	LIABILITY MPANY FATEMENT			DEPARTMENT Katherine Harr Secretary of Sta SION OF CORPORA	OF STATE is [ ite tions	SECRETARY SECRETARY VISION OF C	OF STORPOR	ATIONS 2: 36			
DOCUMENT # L99000008570  1. Limited Liability Company's Name											
GL	OBALTECH :	INVESTMENTS	S, LLC								
		N.		9/29/0	0(						
2. Principal Office Address 3995-A Park Avenue			3. Mailing Office Address 3995-A Park Avenue			4. State/Count	ry of Form	nation			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			Florida					
City & State Ci			City & State	ity & State			5. Date Organized or Qualified To Do Business in Florida 12/08/99				
Miami, FL			Miami, FL			6. FEI Number	•		<b></b>	pplied For lot Applicable	
<b>Zip</b> 33133	Country	y SA	<b>Zlp</b> 33133	Country US/		7. CERTIFICATE	OF STATU	B DESIRED	5.00 Addition	al Fee required ate of Status	
			<b>8.</b> N	ame and Address of	Current Registers	ed Agent	y ** 2 * 1 * ydi		ming soder 13 - main	• • •	
Name STEWART A. MERKIN, ESQ.							murmurm		ة (سد السد السد ا		
Street Address (P.O. Box Number is Not Acceptable) 444 Brickell Avenue,						HH		10/15/01			
s	Sulte, Apt. #, Etc. Suite 300							****2 <u>00</u> .0	11.1 *****	400.00	
C	Hty Miam			· · · · · · · · · · · · · · · · · · ·			State FL	<b>Zip Code</b> 33131			
9. I, being app	ointed the register	ed agent of the abov	re named limited	l liability company, am	n familiar with and a	accept the obligation	ons of Cha	apter 608, F.S.			
Signature of Registered Agent							Date 9/27/01				
				ENT MUST SIGN							
10. Names and Street Addresses of Managing Members/Managers  Titles Name of Street Address of Each								City / S	tate / Zlp		
MGR	Managing Members/Managers  HASSAN ENNAHOU			3995-A Park Avenue			Moami, FL 33133				
FIGIN	THASSAIL ENGATION		3333-A Tark Avenue				Ņ.				
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42					· · · · · · · · · · · · · · · · · · ·						
4											
11. I certify tha filing this re all fees owe as if made	instatement applic	ation the resson for (	desolution has b	trustee empowered to seen eliminated, the lin information indicated	nited liability compa	any name satisfies a true and accurat	the require, and my	ements of section signature shall h	n 608,406, F.S lave the same	S., and that legal effect	
Signature of	48.8	hell			Data	9/27/01		305-3	58-5800	x238	

HASSAN ENNAHOU, Manager

Typed or printed name of signing Managing Member/Manager