

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Martin
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M16835

(4)

1. Corporation Name

GLOBUR INTERNATIONAL, INC.

Principal Place of Business

575 CRANDON BLVD
512
KEY BISCAYNE FL 33149
US

Mailing Address

575 CRANDON BLVD
512
KEY BISCAYNE FL 33149
US



2. Principal Place of Business

2a. Mailing Address

21 251 Greenwood Dr.
22 Key Biscayne
23 FL 33149
24
25

26 251 Greenwood Dr.
27 Key Biscayne
28 FL 33149
29
30

9. Name and Address of Current Registered Agent

VILA, ADOLFO J.
14 N W 1ST AVE
S-1209
MIAMI FL 33132

3. Date Incorporated (or Qualified)

06/13/1985

3a. Date of Last Report

05/01/1995

4. FFL Number

59-2682666

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.02 and 607.03, Part 1, Florida Statutes, I, the undersigned, hereby certify that I am a resident of the State of Florida, and I am duly qualified to act as a registered agent for the purpose of changing its registered office for the within and accept the obligations of Section 607.03, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PTD	☐ OFFICER
NAME	BUSTAMANTE, GLORIA	
STREET ADDRESS	575 CRANDON BLVD S512	
CITY, ST, ZIP	KEY BISCAYNE FL	
TITLE	VSD	☐ OFFICER
NAME	BUSTAMANTE, VICENTE	
STREET ADDRESS	575 CRANDON BLVD S512	
CITY, ST, ZIP	KEY BISCAYNE FL	
TITLE		☐ OFFICER
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ OFFICER
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ OFFICER
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and given in good faith by the undersigned, and that I am duly qualified to act as a registered agent for the purpose of changing its registered office for the within and accept the obligations of Section 607.03, Florida Statutes, and that my name appears in Block 12 on this filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96 (305) 361.0269

CR2E034 (12/95)