

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90190 024 \*\*\*\*61.25

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| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>                                            |  |  <b>FLORIDA DEPARTMENT OF STATE</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT # N98000004520</b><br>Corporation Name<br><b>FLORIDA GLOBAL REACHOUT, INC.</b> |  |                                                                                                                                                                        |  |
| Principal Place of Business<br>802 SW 7TH TERRACE<br>HALLANDALE FL 33009                   |  | Mailing Address<br>802 SW 7TH TERRACE<br>HALLANDALE FL 33009                                                                                                           |  |

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|-----------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country |  | 3. Date Incorporated or Qualified<br>07/27/1998<br>4. FEI Number<br>65-0853450<br>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required<br>6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees |  |
|-----------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

|                                                                                                                      |  |                                                                                                                                                  |  |
|----------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent<br><b>MONELLA IRENA</b><br>802 SW 7TH TERRACE<br>HALLANDALE FL 33009 |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City FL 85 Zip Code |  |
|----------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------|--|

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Irena Monella DATE: 4/21/99  
Signatures of officers or directors of the corporation or the registered agent and title if applicable. (NOTE: Registered Agents signature required when releasing)

| 12. OFFICERS AND DIRECTORS |                                            | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|--------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>Florida Global Outreach</b>             | 1.2 NAME                                               | <b>Irena Monella (Officer/Director)</b>                           |
| STREET ADDRESS             | <b>802 SW 7th Terr Hallandale FL 33009</b> | 1.3 STREET ADDRESS                                     | <b>802 SW 7th Terr Hallandale FL 33009 (954) 458-8849</b>         |
| CITY-STATE-ZIP             |                                            | 1.4 CITY-STATE-ZIP                                     |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE            | 2.1 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>Irena Monella</b>                       | 2.2 NAME                                               | <b>Sara Karawany (Officer)</b>                                    |
| STREET ADDRESS             | <b>802 SW 7th Terr (Director)</b>          | 2.3 STREET ADDRESS                                     | <b>17011 N Bay Rd N. Miami FL 33160 (305) 947-6110</b>            |
| CITY-STATE-ZIP             | <b>Hallandale FL 33009</b>                 | 2.4 CITY-STATE-ZIP                                     |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE            | 3.1 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>Richard Monella</b>                     | 3.2 NAME                                               | <b>Chris Talavera (Officer)</b>                                   |
| STREET ADDRESS             | <b>802 SW 7th Terr (Director)</b>          | 3.3 STREET ADDRESS                                     | <b>141 SW 117 crt. Miami FL 33184 (305) 225-9705</b>              |
| CITY-STATE-ZIP             | <b>Hallandale FL 33009</b>                 | 3.4 CITY-STATE-ZIP                                     |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE            | 4.1 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>Larisa Korostishensky</b>               | 4.2 NAME                                               | <b>Alex Korostishensky (Trustee)</b>                              |
| STREET ADDRESS             | <b>126 SW Dalva Ave (Director)</b>         | 4.3 STREET ADDRESS                                     | <b>126 SW Dalva Ave Port St Lucie FL 34984</b>                    |
| CITY-STATE-ZIP             | <b>Port St Lucie FL 34984</b>              | 4.4 CITY-STATE-ZIP                                     |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE            | 5.1 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                            | 5.2 NAME                                               | <b>Sara Karawany (Trustee)</b>                                    |
| STREET ADDRESS             |                                            | 5.3 STREET ADDRESS                                     | <b>17011 N Bay Rd N. Miami FL 33160</b>                           |
| CITY-STATE-ZIP             |                                            | 5.4 CITY-STATE-ZIP                                     |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE            | 6.1 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                            | 6.2 NAME                                               | <b>Chris Talavera (Trustee)</b>                                   |
| STREET ADDRESS             |                                            | 6.3 STREET ADDRESS                                     | <b>141 SW 117 crt. Miami FL 33184</b>                             |
| CITY-STATE-ZIP             |                                            | 6.4 CITY-STATE-ZIP                                     |                                                                   |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Irena Monella DATE: 4/21/99 954-458-8849  
Signature of the registered agent or the corporation's officer or director