

PROFIT  
CORPORATION  
ANNUAL REPORT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR 23 PM 12:31

DOCUMENT # P01000070339

1. Corporation Name

GLOBOVISION INTERNATIONAL INC.

REINSTATEMENT 03-04

Principal Place of Business

Mailing Address

5518 NW 114th Ave  
Suite 302  
Miami, FL 33178

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Suite 302  
Miami, FL 33178

3. Date Incorporated or Qualified 7/17/01 3a. Date of Last Report --

2. Principal Place of Business

2a. Mailing Address

21 6850 Coral Way

26 6850 Coral Way

4. FEI Number

65-1137494

Applied For

Not Applicable

22 Suite, Apt. #, etc.

205

Suite, Apt. #, etc.

205

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

23 City & State

Miami, FL

City & State

Miami, FL

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

24 Zip

33155

Country

USA

29 Zip

33155

Country

USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MIGUEL A CABRERA  
5518 NW 114th Ave  
Suite 302  
Miami, FL 33178

81 Name Melissa Barrios

82 Street Address (P.O. Box Number is Not Acceptable) 6850 Coral Way

83 Suite 205

84 City Miami

FL

85 Zip Code 33155

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

*M.B.*

Melissa Barrios

3/11/04

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE  
NAME MIGUEL A CABRERA  
STREET ADDRESS 5518 NW 114th Ave, Suite 302  
CITY-ST-ZIP Miami, FL 33178

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME MELISSA BARRIOS  
1.3 STREET ADDRESS 6850 Coral Way, Suite 205  
1.4 CITY-ST-ZIP Miami, FL 33155

TITLE S ☒ DELETE  
NAME CAROLINA M DE CABRERA  
STREET ADDRESS 5518 NW 114th Ave, Suite 302  
CITY-ST-ZIP Miami, FL 33178

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME 000031843970  
2.3 STREET ADDRESS 04/05/04--01064--014 \*\*600.00  
2.4 CITY-ST-ZIP

TITLE T ☒ DELETE  
NAME DORA A ABUNA GAMEZ  
STREET ADDRESS 6850 Coral Way, Suite 403  
CITY-ST-ZIP Miami, FL 33155

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME 000031843970  
3.3 STREET ADDRESS 04/05/04--01064--015 \*\*300.00  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*M.B.*

Melissa Barrios (Pres)

3/11/04 786-426-0101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: #

CR2E034 (9/96)