FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

3191 CORAL WAY

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9200009431

1. Corporation Name

Principal Place of Business

3191 CORAL WAY

GLOBE INVESTMENTS LIMITED, INC.

STE 405 MIAMI FL 33145		STE 405 Miami FL 33145		DO NOT WRITE IN THIS SPACE			
US	•	US			3. Date Incorporated or Qualifed 12/04/1992		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26	26		65-0380010 -		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 / Fee Re	
City & Stat	State City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	May Be to Fees
Zip	Country	Zip	Country	·	8. This corporation owes the current year Intangible		
24	25	29	30		Personal Property Tax.	_ Yes	□No
9. Name and Address of Current Registered Agent					10. Name and Address of New Regi	istered Agent	
			81	Name			
HAU 319		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
STE	405	•	83				
MIAI	MI FL 33145		84	City		FI 85 Zip 0	Code
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	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: F	Registered Ager	nt signature required		DATE	
12.	OFFICERS /	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	D	☐ DELETE	1.1 TITLE			Change	Addition
NAME	HAUSER, JAMES A		1.2 NAME		•		
STREET ADDRESS	3191 CORAL WAY, STE 405		1.3 STREET	T ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 C/TY-S	T-ZIP			
TITLE		☐ DELETE	2.1 TITLE			Change	Addition
NAME			2.2 NAME				
STREET ADDRESS		ه ما ده د		TADDRESS .	· · · · · · · · · · · · · · · ·		
CITY-ST-ZIP		☐ DELETE	2. 4 CITY-S 3.1 TITLE	ST-ZIP		Change	Addition
TITLE		□ pere ie	3.1 IIILE				
NAME				T 4000000			
STREET ADDRESS			1	T ADDRESS			
CITY-ST-ZIP	· · ·	☐ DELETE	3.4. CITY-S 4.1 TITLE	51-ZIP		Change	Addition
NAME			4. 2 NAME	1		_ ,	
STREET ADDRESS	· ·			TADORESS			
Ĭ	·		4.4 CITY-S	1			
CITY-ST-ZIP		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME	,		5.2 NAME				
STREET ADDRESS			5.3 STREET	T ADDRESS			
CITY-ST-ZIP			5.4 C/TY-S	T-ZIP			
TITLE		DELETE	6.1 TITLE			☐ Change	Addition
1			62 NAME	ı			

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

14. I 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 suppliemental 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 an anattactyrient with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

FILED Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90310 013 ***150.00

CR2E034 (11/98)