

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # P93000018008 (1)

1. Corporation Name

EL GLOBO OF NORTH AMERICA, INC.

5-18-95 - 1 PM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business		Mailing Address		DO NOT WRITE IN THIS SPACE			
8012 NW 105 WAY SUITE 700 MEDLEY FL 33178 US		8012 NW 105 WAY SUITE 700 MEDLEY FL 33178 US					
2. Principal Place of Business		2d. Mailing Address		3. Date Incorporated or Qualified			
21	22	26	27	03/10/1993			
Suite Apt. # etc		Suite Apt. # etc		4. FEI Number			
				65-0408081 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
City & State		City & State		5. Certificate of Status Desired			
23	24	28	29	<input type="checkbox"/> \$8.75 Additional Fee Required			
30		31		6. Election Campaign Financing			
				<input type="checkbox"/> \$5.00 May Be Added To Fees			
7/0		Country		7. The corporation has liability for intangible tax under S. 1997(32), Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MIAMI CORPORATE SYSTEMS INC. 5200 BLUE LAGOON DR. SUITE 700 MIAMI FL 33126				81	Name		
				82	Street Address, P.O. Box Number Is Not Acceptable		
				83			
				84	City	FL	Zip Code

11. I, being the person(s) of Section 607(1)(a) and 607(1)(b), 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 thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Law chapter 407, Florida Statutes.

SIGNATURE

12. NAME STREET ADDRESS CITY, ST, ZIP		13. NAME STREET ADDRESS CITY, ST, ZIP		14. NAME STREET ADDRESS CITY, ST, ZIP	
D NAME STREET ADDRESS CITY, ST, ZIP	LAPOSSE, EDUARDO 9012 NW 105 WAY MEDLEY FL	EDUARDO NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D NAME STREET ADDRESS CITY, ST, ZIP	LAPOSSE, CARLO A 9012 NW 105 WAY MEDLEY FL	CARLO A NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D NAME STREET ADDRESS CITY, ST, ZIP	LAPOSSE, FRANCISCO J 9012 NW 105 WAY MEDLEY FL	FRANCISCO J NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
S NAME STREET ADDRESS CITY, ST, ZIP	DE LA TORRE, FRANCISCO JAVI 9012 NW 105 WAY MEDLEY FL	FRANCISCO JAVI NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
T NAME STREET ADDRESS CITY, ST, ZIP	CASAS, JUAN 9012 NW 105 WAY MEDLEY FL	JUAN NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P NAME STREET ADDRESS CITY, ST, ZIP	RASCO, JOSE IGNACIO JR 9012 N.W. 105 WAY MEDLEY FL	JOSE IGNACIO JR NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with the filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall bear the same legal effect as a trade name or style that I am an officer or director of the corporation or the trustee or factor empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if I changed my name subsequent to an alteration, or in an attachment, with an address.

SIGNATURE: *Juan Casas* *Juan Casas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 (305)-884-2606