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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000018008 (1)

1. Corporation Name

EL GLOBO OF NORTH AMERICA, INC.



Principal Place of Business

Mailing Address

9012 NW 105 WAY  
SUITE 700  
MEDLEY FL 33178  
US

9012 NW 105 WAY  
SUITE 700  
MEDLEY FL 33178  
US

3. Date Incorporated or Qualified

03/10/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

85 Zip 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 agent and time if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

DP

☒ Change ☐ Addition

NAME LAPOSSE, EDUARDO

1.2 NAME

LAPOSSE ADAME, EDUARDO

STREET ADDRESS 9012 NW 105 WAY

1.3 STREET ADDRESS

9012 NW 105 WAY

CITY-STATE-ZIP MEDLEY FL

1.4 CITY-STATE-ZIP

MEDLEY FL

TITLE ☐ DELETE

2.1 TITLE

DS

☒ Change ☐ Addition

NAME LAPOSSE, CARLO A

2.2 NAME

LAPOSSE ADAME, CARLO ALBERTO

STREET ADDRESS 9012 NW 105 WAY

2.3 STREET ADDRESS

9012 NW 105 WAY

CITY-STATE-ZIP MEDLEY FL

2.4 CITY-STATE-ZIP

MEDLEY FL

TITLE ☐ DELETE

3.1 TITLE

DT

☒ Change ☐ Addition

NAME LAPOSSE, FRANCISCO J

3.2 NAME

LAPOSSE ADAME, FRANCISCO JAVIER

STREET ADDRESS 9012 NW 105 WAY

3.3 STREET ADDRESS

9012 NW 105 WAY

CITY-STATE-ZIP MEDLEY FL

3.4 CITY-STATE-ZIP

MEDLEY FL

TITLE ☒ DELETE

4.1 TITLE

AS

☐ Change ☒ Addition

NAME DE LA TORRE, FRANCISCO JAVI

4.2 NAME

ROUSE, RAICSA

STREET ADDRESS 9012 NW 105 WAY

4.3 STREET ADDRESS

9012 NW 105 WAY

CITY-STATE-ZIP MEDLEY FL

4.4 CITY-STATE-ZIP

MEDLEY FL

TITLE ☒ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME CASAS, JUAN

5.2 NAME

STREET ADDRESS 9012 NW 105 WAY

5.3 STREET ADDRESS

CITY-STATE-ZIP MEDLEY FL

5.4 CITY-STATE-ZIP

TITLE ☒ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME RASCO, JOSE IGNACIO JR

6.2 NAME

STREET ADDRESS 9012 N.W. 105 WAY

6.3 STREET ADDRESS

CITY-STATE-ZIP MEDLEY FL

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDUARDO LAPOSSE ADAME

04/30/96

884-2606

Date

Daytime Phone #

CR2E034 (12/95)