

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

APPROVED
AND
FILED

1996 OCT 25 PM 12: 42

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000018008
1. Corporation Name

EL GLOBO OF NORTH AMERICA, INC.

Principal Place of Business
9012 NW 105 WAY
MEDLEY, FLORIDA 33178

Mailing Address
9012 NW 105 WAY
MEDLEY, FLORIDA 33178

AMENDED SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-10/25/96--01053--011
*****61.50 *****61.50

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/10/1993		05/01/96	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		65-0408081		Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired		8.75 Additional Fee Required	
				<input type="checkbox"/>		<input type="checkbox"/>	
				6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
				<input type="checkbox"/>		<input type="checkbox"/>	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
MIAMI CORPORATE SYSTEMS INC.
5200 Blue Lagoon Drive
Suite 700
Miami, Florida 33126

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 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	DP	1.1 TITLE	DPST
NAME	LAPOSSE ADAME, EDUARDO	1.2 NAME	LAPOSSE ADAME, EDUARDO
STREET ADDRESS	9012 NW 105 Way	1.3 STREET ADDRESS	9012 NW 105 Way
CITY-ST-ZIP	Medley, FL 33178	1.4 CITY-ST-ZIP	Medley, FL 33178
TITLE	DS	2.1 TITLE	VPOperations
NAME	LAPOSSE ADAME, CARLO ALBERTO	2.2 NAME	HENRIQUEZ, NORMAN A.
STREET ADDRESS	9012 NW 105 Way	2.3 STREET ADDRESS	9012 NW 105 Way
CITY-ST-ZIP	Medley, FL 33178	2.4 CITY-ST-ZIP	Medley, FL 33178
TITLE	DT	3.1 TITLE	AVPOperations
NAME	LAPOSSE ADAME, FRANCISCO JAVIER	3.2 NAME	TORRES, GASPAR
STREET ADDRESS	9012 NW 105 Way	3.3 STREET ADDRESS	9012 NW 105 Way
CITY-ST-ZIP	Medley, FL 33178	3.4 CITY-ST-ZIP	Medley, FL 33178
TITLE	AS	4.1 TITLE	
NAME	ROUSE, RAISSA	4.2 NAME	
STREET ADDRESS	9012 NW 105 Way	4.3 STREET ADDRESS	
CITY-ST-ZIP	Medley, FL 33178	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 617, 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, President

10/18/96

Daytime Phone #

CR2E034 (3/96)