FILE NOW: FILING FEE AFTER MAY 1 IS $226.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 APR 24 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000033101 (5)

1. Corporation Name

GLOBE TRADERS INTERNATIONAL CORPORATION

Principal Place of Business	Mailing Address
4835 LONSDALE CIRCLE ORLANDO FL 32817	4835 LONSDALE CIRCLE ORLANDO FL 32817

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/04/1993

3a. Date of Last Report: 03/22/1994

	Principal Place of Business	Mailing Address
2. / 2a.	21 2849 S Orange Ave, Suite 300	26 2849 South Orange Ave.
Suite, Apt. #, etc.	22 Suite 300	27 Suite 300
City & State	23 Orlando, Florida	28 Orlando Florida
Zip / Country	24 32806 / 25 U.S.A.	29 32806 / 30 U.S.A.

4. FEI Number: [redacted] 59-3233252 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent

SUMULONG, SUSAN R
4835 LONSDALE CIRCLE
ORLANDO FL 32817

10. Name and Address of New Registered Agent

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 * _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	SUMULONG, PABLO M	12 NAME		
STREET ADDRESS	% 4835 LONSDALE CIRCLE	13 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32817	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	SUMULONG, SUSAN R	22 NAME		
STREET ADDRESS	% 4835 LONSDALE CIRCLE	23 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32817	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	SUMULONG, LEONIDA M	32 NAME		
STREET ADDRESS	C/O 25 INDUSTRIA ST., KAPASIGAN	33 STREET ADDRESS		
CITY-ST-ZIP	PASIG ME	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: _____ 4-11-95 (407) 344-6966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PABLO M. SUMULONG

0080440 CP