

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000039462 (5)

1. Corporation Name  
**GLOBAL DIRECT INC.**



Principal Place of Business: 1671 NE MIAMI GARDENS DR 146 NORTH MIAMI BCH FL 33179  
Mailing Address: 1671 NE MIAMI GARDENS DR 146 NORTH MIAMI BCH FL 33179

2. Principal Place of Business: 21 1659 NE 125 ST. Suite/Apt. #, etc. 22 112 City & State: 23 D. MIAMI FL Zip: 24 33179 Country: 25 DADE  
2a. Mailing Address: 26 P.O. Box 60083 Suite/Apt. #, etc. 27 City & State: 28 MIAMI FL Zip: 29 33163-0083 Country: 30 DADE

3. Date Incorporated or Qualified: 06/03/1993  
3a. Date of Last Report: 04/13/1995  
4. FEI Number: 65-0428450 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  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

ZAKEN, YAIR  
1671 NE MIAMI GARDENS DR #146  
NORTH MIAMI FL 33179

31 Name: YAIR ZAKEN  
32 Street Address (P.O. Box Number is Not Acceptable): 1659 NE MIAMI GARDENS DR.  
33  
34 City: D. MIAMI FL 85 Zip Code: 33179

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] YAIR ZAKEN DATE: 4-29-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996	
TITLE: P	YAIR ZAKEN	11. TITLE: 1659 NE MIAMI GARDENS DR #112	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: YAIR ZAKEN		12. NAME: D. MIAMI BEACH FL 33179	
STREET ADDRESS: 1671 NE MIAMI GARDENS DR 146		13. STREET ADDRESS: 1659 NE MIAMI GARDENS DR #112	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP: N. MIAMI BCH FL 33179		14. CITY-STATE-ZIP: D. MIAMI FL 33179	
TITLE: S	IDIT ZAKEN	15. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: IDIT ZAKEN		16. NAME:	
STREET ADDRESS: 1671 NE MIAMI GARDENS DR 146		17. STREET ADDRESS:	
CITY-STATE-ZIP: N. MIAMI BCH FL 33179		18. CITY-STATE-ZIP:	
TITLE:		19. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		20. NAME:	
STREET ADDRESS:		21. STREET ADDRESS:	
CITY-STATE-ZIP:		22. CITY-STATE-ZIP:	
TITLE:		23. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		24. NAME:	
STREET ADDRESS:		25. STREET ADDRESS:	
CITY-STATE-ZIP:		26. CITY-STATE-ZIP:	
TITLE:		27. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		28. NAME:	
STREET ADDRESS:		29. STREET ADDRESS:	
CITY-STATE-ZIP:		30. CITY-STATE-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

300001865823  
-06/18/96--01132--017  
\*\*\*200.00  
5/1/96

4-29-96 305-945-9675

CR2E034 (12/95)