

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR -9 AM 8:36

DOCUMENT # **P93000040352 (5)**

1. Corporation Name  
**NORTH AMERICAN GLOBAL INC.**

Principal Place of Business

425 SE FIRST ST  
DELRAY BEACH FL 33444  
US

Mailing Address

4287 OAK TERRACE DRIVE  
GREENACRES FL 33463  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/07/1993** 3a. Date of Last Report **03/25/1994**

2. Principal Place of Business	2a. Mailing Address
21 <b>425 SE First St</b>	26 <b>4287 Oak Terr Dr</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State <b>Delray Beach FL</b>	28 City & State <b>Green Acres FL</b>
24 Zip <b>33444</b> 25 Country <b>Palm Bch</b>	29 Zip <b>33463</b> 30 Country <b>Palm Bch</b>

4. FEI Number <b>65-0416416</b>	Applied For
	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**ANGUS-COHN, GESINE**  
**1020 FAIRFAX CR. W.**  
**LANTANA FL 33462**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 *Gesine Angus* *Angus Gesine* *03-25-95*  
Signature of officer or director of corporation (and title if applicable) (NOTE: Registered agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>ANGUS-COHN, GESINE</b>
STREET ADDRESS	<b>1020 FAIRFAX CIRCLE WEST</b>
CITY - ST - ZIP	<b>LANTANA FL 33462</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(b), 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: *Gesine Angus* *Angus Gesine* *03-25-95*  
Signature and Typed or Printed Name of Signing Officer or Director (Date) (Date)