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 MAY -1 AM 11:27

DOCUMENT # P93000069204 (4)

1. Corporation Name

GLOBAL WORLD INVESTORS, INC.

Principal Place of Business

C/O FOLLIA
929 WASHINGTON AE
MIAMI BEACH FL 33139
US

Mailing Address

C/O SCHANTZ SCHATAMAN & AARONSON
200 S. BISCAYNE BLVD # 3650
MIAMI FL 33131
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/05/1993
3a. Date of Last Report: 04/25/1994

4. FEI Number: 65-0439236 — Applied For / Not Applicable

2. Principal Place of Business: 21
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 — Country: 25

2a. Mailing Address: 26
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29 — Country: 30

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 [X] No

9. Name and Address of Current Registered Agent

CAHAN, RICHARD J. A
% SCHANTZ SCHATZMAN & AARONSON P.A.
200 S. BISCAYNE BLVD., SUITE 3650
MIAMI FL 33131-2394

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

12. OFFICERS AND DIRECTORS

TITLE: D
NAME: GIANCATERINI, MARCELLO
STREET ADDRESS: 13268 POLO CLUD DR, APT A-104
CITY-ST-ZIP: WEST PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1) TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — [ ] Change [ ] Addition
2) TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — [ ] Change [ ] Addition
3) TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — [ ] Change [ ] Addition
4) TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — [ ] Change [ ] Addition
5) TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — [ ] Change [ ] Addition
6) TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — [ ] Change [ ] Addition

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)(i), 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: X (signature) — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0128490 CP