

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
MAY -1 AM 11:27

DOCUMENT # **P93000069204 (4)**

INCORPORATED 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. FFI Number: **65-0439236**      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 information under S. 1104(1)(2), Florida Statutes:  Yes  No

2. Principal Place of Business: 21 State App # 22 City & State: 23 Zip: 24

2a. Mailing Address: 26 State App # 27 City & State: 28 Zip: 29

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(2)(c) and 607(15)(b), 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 provisions of Section 607(2)(c), Florida Statutes.

12. OFFICERS AND DIRECTORS

NAME	<b>D GIANCATERINI, MARCELLO</b>
STREET ADDRESS	<b>13288 POLO CLUD DR, APT A-104</b>
CITY	<b>WEST PALM BEACH FL</b>
STATE	
ZIP	
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP	
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS (S. 607(1)(b))

NAME	STREET ADDRESS	CITY	STATE	ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14 NAME	14 STREET ADDRESS	14 CITY	14 STATE	14 ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 NAME	15 STREET ADDRESS	15 CITY	15 STATE	15 ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	16 STREET ADDRESS	16 CITY	16 STATE	16 ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17 NAME	17 STREET ADDRESS	17 CITY	17 STATE	17 ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18 NAME	18 STREET ADDRESS	18 CITY	18 STATE	18 ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1104(1)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if personally signed. I am an officer or director of this corporation or the receiver or liquidator thereof for purposes of this report as required by Chapter 110, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *Marcello Giancaterini*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR