FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

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~~

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

2a. Mailing Address
26 c/o Becker & Poliakoff, P.A.
Suite, Apt. #, etc.
27 5201 Blue Lagoon Drive #100
City & State
28 Miami, Florida
Zip 29 33126 Country 30 Dade

3. Date Incorporated or Qualified: 10/05/1993
3a. Date of Last Report: 05/01/1995
4. FEI 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 intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ 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: RICHARD J. ALAN CAHAN
82 Street Address (P.O. Box Number is Not Acceptable): c/o Becker & Poliakoff, P.A.
83 5201 Blue Lagoon Drive, Suite 100
84 City: Miami FL 85 Zip Code: 33126

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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] 7/9/96

Signature of registered agent — NOTE: Registered Agent signature required when reinstating — Date

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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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: [signature]

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