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CORPORATION **ANNUAL REPORT**

1998



LLORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000079358 (6) DOCUMENT

GLOBAL ENTERPRISES LTD., INC.

Principal Place of Business	Mailing Address
985 STATE ROAD 206 VJ ST. AUGUSTINE FL 32086	985 W SR 206 St. Augustine Fl 32086

FILED Apr 07 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 11/12/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3214192 Not Applicable Suite, Apt #. etc Surte, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zıp Country Country 8. This corporation owes or has paid the current year Intangible 24 ☐ No 25 Yes 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GIANNINI, LEOPOLDO 985 STATE ROAD 206 82 Street Address (P.O. Box Number is Not Acceptable) ST. AUGUSTINE FL 32088 83 R4 City 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** (NOTE Registered Agent signature required when reinstating) DATE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TITLE 1.1 TITLE Change GIANNINI, LEOPOLDO NAME 1.2 NAME 35 SANDPIPER BLVD. STREET ADDRESS 1.3 STREET ADDRESS ST. AUGUSTINE FL 32084 CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DOLLETE TITLE Change Addition 21 THUE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 2IP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP ☐ DELETE Change Addition TITLE 6.1 TITLE NAME 6 2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - S1 - ZIP

14. Thereby certify that the information supplied with this filing 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 supply mental annual report is frue 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 five receiver of the corporation of the corporation or five receiver of the corporation of the corporation or five receiver of the corporation indicated on this annual report or suppofficer or director of the corporation of Block 12 or Block 13 if changed, or or

CICNATIDE.