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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS							
DOCUN 1. Corporation	MENT # P9300	0085616 (9))				
GLOB	AL AUTOS INC.			4 100 (100 S RED 10100 SINU 00 NI 00	EKI ODIKI BOLDI I	0 (B) 4 (1) 0 (1)	(10 1
Principal Place o	of Business	Mailing Address					
	ANGE BLOSSOM TRAIL	5485 S. ORANGE BLO ORLANDO FL 32839	SSOM TRAIL				
ORLANDO I US	rt 32038	US		3. Date Incorporated or Qualified 12/10/1993	3a. Date	of Last Re)4/20/19	
2. Principal Plan	ce of Business S · O · B · T	2a. Mailing Address S.	085	4, FLF Number 59-3214333		A	Applied For Not Applicable
Suite, Apt. #		Suite, Apt. #, etc.		5. Certificate of Status Desired	гı	\$8.75	Additional
22 City & State	10.00	City & State	DI APIDA	6. Election Campaign Financing			Required May Be
23 (VK)	AND PRORIDA	28 OKCANDO	PLOUDA	Trust Fund Contribution 8. This corporation has lability for it	ntannihle tax		1 to Fees
24 328.	39 25 ORANGE	29 31839	30 0/4to/6/E	Florida Statutes 🔲 Yes	□No		
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New R	egistered A	gent	
ARSHA	ND, JAVED			ess (P.O. Box Number is Not Acceptable	le)		
10314	LA GUARDIA CT.						
	REEDY CREEK DR #104 IDO FL 32836		83				
UNLAN	IDO FL 32030		84 Crty		FL	85 Zip	o Code
11. Pursuant to or registere familiar with	o the provisions of Sections 607,0502 ad agent, or both, in the State of Florid h, and accept the obligations of, Section	and 607.1508, Florida Statutes a. Such change was authorize on 607.0505, Florida Statutes.	s, the above named corpor d by the corporation's boar	ation submits this statement for the pured of directors. Thereby accept the appr	pose of char pointment as i	nging Its re registered	egistered office agent. I am
SIGNATURE _	Signature, typed or printed name of registered agent a	and the Papplicace (NOT)	E. Bugistered Agent site at its require	a when tenathing	DAN		
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	<u>-</u> -		
TITLE	D Arshad, Javed	DELETE	1 1 THLE 1.2 NAME		L) Change	Addition
NAME STREET ADDRESS	10314 LA GUARDIA CT.		1.3 STREET ADDRESS				
C-1Y-ST-Z-P	ORLANDO FL 32821		1.4 C/TY - S1 - Z/F				
T.TLE		☐ DELETE	2 1 T TLE] Change	Addition
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STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS 3.4 CHTY-ST-ZIP				
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STREET ADDRESS			6 3 STREET ADDRESS				•

6.4 C(TY - ST - Z)P

SIGNATURE:

Jishad NAME OF SIGNING OFFICER OF DIRECTOR

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not guildly 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 requirer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 or Block 13 or changed, or or any attachment with an address. 03/23/96

Daytime Phone #