

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
CORPORATION DIVISION

95 FEB -6 PM 4:26

DOCUMENT # P94000037308 (1)

1. Corporation Name

GLOBAL FUND CONSULTANTS, INC.

Principal Place of Business

2 GROVE ISLE DRIVE
SUITE 1510B
COCONUT GROVE FL 33133

Mailing Address

2 GROVE ISLE DRIVE
SUITE 1510B
COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/11/1994

3a. Date of Last Report

2. Principal Place of Business

21 255 Alhambra Circle

2a. Mailing Address

25 255 Alhambra Circle

4. FEI Number

65-0494115

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Suite 415

Suite, Apt. #, etc.

27 Suite 415

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

23 Coral Gables, FL

City & State

28 Coral Gables, FL

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

Zip

24 33134

Country

25 USA

Zip

29 33134

Country

30 USA

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CHOWDHURY, DEEPAK
2 GROVE ISLE DRIVE
SUITE 1510B
COCONUT GROVE FL 33133

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

(Signature typed or printed name of registered agent and title of corporation)

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CHOWDHURY, DEEPAK
2 GROVE ISLE DRIVE, SUITE 1510B
COCONUT GROVE FL 33133

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

14. I 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)(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 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addendum.

SIGNATURE:

Deepak Chowdhury
SIGNATURE AND TYPE (or PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

DEEPAK CHOWDHURY

1/31/95

(305) 443-6770