

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

APPROVED
AND
FILED

95 APR 11 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000081050 (4)**

1. Corporation Name

GLOBAL ALL-AROUND, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**6306 MILLS DR
#136
MIAMI FL 33183** **6306 MILLS DR
#136
MIAMI FL 33183**

3. Date Incorporated or Qualified **11/01/1994** 3a. Date of Last Report

4. FEI Number **65-0536976** 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

2. Principal Place of Business 2a. Mailing Address
21 **26**

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**

City & State City & State
23 **28**

Zip Country Zip Country
24 **25** **29** **30**

9. Name and Address of Current Registered Agent

**ALAN M. BURGER, P.A.
9990 SW 77 AVE
PENTHOUSE 5
MIAMI FL 33156**

10. Name and Address of New Registered Agent

81 Name **Gerald M. Laban**
82 Street Address (P.O. Box Number is Not Acceptable)
9100 SW 92 Ct
83
84 City **Miami** FL 85 Zip Code **33176**

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

Gerald M. Laban

(NOTE: The registered agent signature required when reappointing)

(DATE)

4-5-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☒ Change ☐ Addition
NAME	OPT-EYNDE, KLAUS	1.2 NAME	Opt-Eynde, Klaus
STREET ADDRESS	9100 SW 92 CT	1.3 STREET ADDRESS	9230 SW 92 Ct
CITY - ST - ZIP	MIAMI FL 33176	1.4 CITY - ST - ZIP	Miami, FL. 33176
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	LABAN, ILSE	2.2 NAME	
STREET ADDRESS	9100 SW 92 CT	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33176	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(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:

Gerald M. Laban

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-95

(DATE)

270-9046

(TELEPHONE NUMBER)