
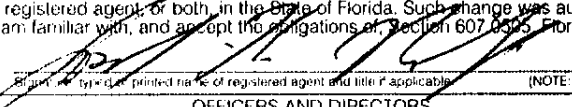


FILE NOW: FILING FEE AFTER MAY 1 IS \$55.00

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Moore Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000009012 (2) 1. Corporation Name GLOBEX BULLION AND FINANCIAL SERVICES CORPORATION					
Principal Place of Business 1451 W CYPRESS CREEK ROAD STE 300 FT. LAUDERDALE FL 33309 US			Mailing Address 1451 W CYPRESS CREEK ROAD STE 300 FT. LAUDERDALE FL 33309-1899 US		
2. Principal Place of Business 21 2881 E. Oakland Park Blvd. Suite, Apt. #, etc. 22 Suite 101 City & State 23 Fort Lauderdale FL Zip 24 33306 Country 25 USA		2a. Mailing Address 26 2881 E. Oakland Park Blvd. Suite, Apt. #, etc. 27 Suite 101 City & State 28 Fort Lauderdale FL Zip 29 33306 Country 30 USA		3. Date Incorporated or Qualified 02/02/1995	
				3a. Date of Last Report 04/16/1996	
				4. FEI Number 65-0551854	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent TILLEM, SCOTT 3284 N. STATE ROAD 7 LAUDERDALE LAKES FL 33319			10. Name and Address of New Registered Agent 81 Name Noel, Joseph 82 Street Address (P.O. Box Number is Not Acceptable) 3284 NORTH STATE ROAD 7 83 84 City LAUDERDALE LAKES FL 85 Zip Code 33319		
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  DATE 4/22/97 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS					
TITLE	PTD	<input type="checkbox"/> DELETE			
NAME	TABB, EDWARD N				
STREET ADDRESS	2805 E OAKLAND PARK BLVD, #350				
CITY - ST - ZIP	FT LAUDERDALE FL				
TITLE	SVD	<input type="checkbox"/> DELETE			
NAME	GENNITI, JOSEPH A				
STREET ADDRESS	2805 E OAKLAND PARK BLVD, #350				
CITY - ST - ZIP	FT. LAUDERDALE FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY - ST - ZIP					

14. I do hereby certify that the information supplied with this filing does not qualify for exemption stated in Section 119.07(3)(i), 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:  DATE **4/22/97** DAYTIME PHONE # **954-563-2511**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)