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FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000015594 (1)

1. Corporation Name

GLOBALNET CONSULTING GROUP, INC.



Principal Place of Business

Mailing Address

~~7205 NW 19TH STREET~~  
~~SUITE 300~~  
MIAMI FL 33126

~~7205 NW 19TH STREET~~  
~~SUITE 300~~  
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/24/1995

2. Principal Place of Business

2a. Mailing Address

21 8491 NW 17 ST.

26 6480 SW 107 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite # 113

27

City & State

City & State

23 MIA FL

28 MIA FL

Zip

Country USA

Zip

Country USA

24 33126

25 Dade

29 33156

30 Dade

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARIN, CARLOS M  
7205 NW 19TH STREET  
SUITE 300  
MIAMI FL 33126

81 Name CARLOS M. MARIN

82 Street Address (P.O. Box Number is Not Acceptable)  
6480 SW 107 ST.

83

84 City MIAMI

FL

85 Zip Code 33156

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 607.0506, Florida Statutes.

SIGNATURE

Signature and printed name of registered agent and state if applicable

CARLOS M. MARIN, Pres.

4-24-98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD  
MARIN, CARLOS M  
STREET ADDRESS 7205 NW 19TH STREET  
CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ DELETE

NAME S  
MARIN, CARLOS M SR  
STREET ADDRESS 7205 NW 19TH STREET  
CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
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NAME  
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TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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14. I hereby 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 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

Signature and printed name of registered agent and state if applicable

CARLOS M. MARIN

4-24-98

(305)

392-2512

CR2E034 (10/97)