	PLEASE REA	D ALL INS	TRUCTIONS	BEFORE C	COMPLET	ING THIS FORM.	
•	PLICATION FOR STATEMENT	FLORI	DA DEPARTME Sandra B. Moi Secretary of S DIVISION OF CORPO	NT OF STATE rtham State	- F	FILED	
DOCU 1. Corpora	JMENT # P950000 non Name GLOBAL TELEC		ONS CLUB, IN	c.	7.4.1.4.6 20.4.6.6	NSSEE. FLORIDA	
Call Piso Buen	e Esmeralda #1066 12 Departamento J os Aires, C.P. , Argentina oddresses are modorrect in any way. Im	Mailing Add	same	correction below.	EINST	FATEMENT 97-99	·
			ing Office Address. If Applicable .W. 42nd. Ave.		To Do Busii	porated or Qualified ness in Florida 9-26-1995	1
City & State City & State			mi, Fl'		5. FEI Number Applied For 65-0626040 Not Applicable		
Zip33120		Zip 33126	Countr	de	6. CERTIFICATI	E OF STATUS DESIRED	
7. Names a	and Street Addresses of Each Officer Name of Officers						
Title(\$) 1	and/or Directors		I Off	eet Address of Each licer and/or Director se Post Office Box N		City / State / Zip	
PSTD OCHOA, GUILLERMO			Galle Esmeralda # 1066 C.P. 1007, BUENOS AIRES			-	
VP GOMEZ, RAMON			782 N.W. 4	2nd. Ave. S	Ste 447	Miami, Fl. 33126	
					3	00002875003 -05/14/9301011009 ***1058.75 ***1058.7	ļ
	Name and Address of Curr	ent Registered An	ent	<del></del>	9. Name and 6	Andreas of New Paristrand Agent	
8. Name and Address of Current Registered Agent C. T. CORPORATION				9. Name and Address of New Registered Agent  Name RAMON GOMEZ			
1200 South Pine Island Road Plantation, F1. 33324				Street Address (P.O. Box Number is Not Acceptable) 782 N.W. 42nd. Ave Suite, Apr. #. Etc. 447			
				City State Zip Code M1ami FL 33126			
19. I. being Signature of Registered		$\times$ - $\sim$	oration, am familiar with		ligations of Section		
11. Thi	is corporation owes or angible Personal Prop	has paid therty tax due	e current yea	ar Yes⊠	No 🗆	(See other side for information on intangible tax.)	
12. I certify I this reins owed by	that I am an officer or director or the restatement application, the reason for the	eceiver or trustee el dissolution has been the names of individ	repowered to execute to eliminated, the corporuals listed on this form	this application as private name satisfies to not qualify for a	ovided for in cha the requirements in exemption und	opter 607 or 617, F.S. I further certify that when filing of section 607,0401 or 617,0401, F.S., that all fees der section 119,07(3)(i), F.S. The information indicate	
SIGNAT	RAMON GOM URE: SIGNATURE AND TYPED OR	Ku	SIGNING OFFICER OR D	HRECTOR		17/44 36(4470400) Date Daylime Phone #	