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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. McRhank

Secretary of State

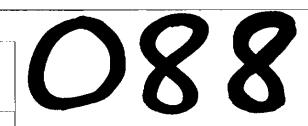
DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000078370 (0)

GLOBELINKS CORP.



_     <b>    </b>		<b>H 18</b> 1   1119   111	

Principal Place of Rus	siness		ailing Address									
Principal Place of Business  6865 NW 169TH STREET STE. D  MIAMI FL 33015			6865 NW 169TH	STREET STE.	D							
			MIAMI FL 33015			3. Date Incorporated or Qualified 10/12/1995						
2. Principal Place of	Business	2a.	Mailing Address					, ,	100	· [ ]	Applied For	
26		26			05-00	7-3	183		Not Applicabl			
Suite, Apt. #, etc		27	Suite, Apt. #, etc.				5. Certificate of Status I	Desired			Additional Required	
City & State	A-10	28	City & State				6. Election Campaign Financing Trust Fund Contribution  S5.04 Added					
Zıρ	Country		Zip	Cou	intry	,	8. This corporation has	liability for i	ntangible ta	k under s	199.032	
ij	25	29		30			Florida Statutes		□ No			
9.	Name and Address of Cur	rent Regis	tered Agent		_	T	10. Name and Address	of New R	egistered /	\gent		
					81	Name						
CRUZ, ESTI					82	Street Addre	ess (P.O. Box Number is No	t Acceptab	le)			
	89th Street Ste. D						·····					
MIAMI FL 33	3015				83							
					84	City			FL	<b>85</b> Zi	p Code	
Ed. D	provisions of Sections 607.0	.00 and 60	7 15/10 Elorido Oto	states the shi	<u></u>	named carror	ution culmite this statement	for the pur		nging its i	registered offi	
SIGNATURESignal x	ant, or both, in the State of Fid accept the obligations of, Size speed or perted hand of registers to	gert and the di	अक्षी कार			1 signature requence			DATE			
ile.	D OFFICERS	AINE / DITTE C	□ DELETE	11	DI.E	T	ALZENTIONO OF INTRO	-0 10 011		7 Change	Addition	
	CRUZ, ESTHER S			121					_		_	
	8865 NW 169TH STREET			1.3 STREET ADDRESS		T ADDRESS						
	MIAMI FL 33015					ST-ZIP						
TITLE		~	DELETE	2.1						<b>]</b> Change	Addition	
NAME				221	AME							
STREET ADDRESS				238	TREE	LADDRESS						
CITY - ST - 7/P				240	aly-:	ST - ZIP						
TITLE			☐ DELETE	3 1	TITLE					] Change	Addition	
IAME				321	AME							
STREET ADDRESS				33	STREE	T ADDRESS						
CHTY - ST - ZIP	<u></u>		F 50 570			S1 - 71P			· · · · · · · · · · · · · · · · · · ·	7 05	<u> </u>	
THTLE			DELETE		TITLE				L	] Change	Addition	
NAME					IAME	Ī						
STREET ADDRESS						LADDRESS						
CITY - ST - ZIP			DE ETE		TITLE	ST-ZiP				] Change	☐ Addition	
IITLE			☐ DEFELE						L	onange	L. 700mion	
NAME				F ^ 1								
STREET ADDRESS				521		1 Appropries						
CITY - ST - ZIP				533	THEF	1 ACORESS						
TITLE			DELETE	535 54(	THEF CHTY -	S1-7IP				- Change	Addition	
			DELETS	533 54(	THEE STY-:	S1-7IP	<u> </u>	)178	369	3 Change	Addition	
TITLE NAME STREET ADORESS		·	☐ DELETE	533 54( 61 621	THEF CHTY -: TITLE NAME	S1-7IP	90000	) <b>1 78</b> 6010	3 <b>69</b> [	3 <b>4</b> 390	Addition	
		. <u></u>	DELETE	533 540 6 1 621 633	THEE CHY - TITLE NAME STREE	S1-7IP	90000 -04/19/9 ***200.0	) 1 78 6010 )	3 <b>69</b> 8	B Charge B 1	Addition	

race hereby certify that the information indicated on this arrural 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 emon an attachment with an underess.

SIGNATURE:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ESTHER S. CRUZ 305-827-8258
D 2-17-96 56-61-19-96