FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000083037 (8)

FILED Apr 16 1998 8:00am Secretary of State

GLOBA	AL DEST BUT, INC.			 10001000 10001000 1000100 1000100 1000100 1000100 1000100 1000100 1000100 1000100 100010	
Principal Plac	ce of Business	Mailing Address			JOHN ORIDI TONOK KIHI OSLOG KILIK UEEL UESI
13290 NW 31 AVE PO BOX 541456			<u>.</u> .	31.	
MIAMI FL 33054 MIAMI FL 33054		MIAMI FL 33054	DO NOT WRITE IN THIS SPACE		
US		US		3. Date Incorporated or Qualified	
i				10/30/1995	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 1329	0 NW 31 W	25 PO BX 69	7	65-0615432	Not Applicable
Suite, Apt.	#, elc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		6. Certificate of Status Desired	Fee Required
City & Stat		City & State		6. Election Campaign Financing	\$5.00 May Be
23 M. 4 M	Country .	Zip		Trust Fund Contribution	Added to Fees
24 330	35 U SA	29 32445	Country 30 US A	This corporation owes or has p Personal Property Tax due Jun	
1-5.1	9. Name and Address of Current		30, 0 0 0	10. Name and Address of New R	
GILBERT, NAMON 81 Name ALO				Smoot Contract	
	290 NW 31 AVE		82 Street Addr	mow Gy Used ess (P.O. Box Number is Not Accepta	ablo)
MIAMI FL 33054			1329	90 NW 31 W	lole)
			83		
			84 City Mid	Lwi	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508. Florida Statute	es the above-named corp	oration submits this statement for the	FL 33054
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 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	ormal Vint	lions of, Section 607.0303, Flo	Mermu His	1	p4-09-98
SIGNATURE	Signature, typod or printed name of registered agen	t and title if applicable (NOTE	Registered Agent signature require	ed when reinstating)	DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	PSTD	☐ DELETE	1.1 TITLE		Change Addition
NAME	GILBERT, NAMON		1.2 NAME		
STREET ADDRESS	13290 NORTHWEST 31 AVEN	Æ	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33054	T perete	1.4 CITY-ST-ZIP		F-1
TITLE NAME		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			2.2 NAME		
CITY-\$T-ZIP			2.3 STREET ADDRESS		
TITLE		DELETE	2. 4 City-St-ZiP 3.1 Title		Change Addition
NAME			3.2 NAME		المارين
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-S1-ZIP		•	3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	, — , , <u>— , , , , , , , , , , , , , , ,</u>	Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHTY-ST-ZIP			4.4 CITY - ST - ZIP		
TIPLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Libritte	5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		1
STREET ADORESS			6.3 STREET ADDRESS		
City-St-ZiP	partify that the information supplied with	h this filing done not a solit, to	64 CITY-ST-ZIP	Castles 440 07/0Vil Flacials Oct.	

I nereoy cerrity 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.

960-669-1260