

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90036 048 ***150.00

DOCUMENT # P96000001093

1. Corporation Name
GLOBALIS, INC.

Principal Place of Business
2299 DOUGLAS ROAD STE 201
MIAMI FL 33145

Mailing Address
2299 DOUGLAS ROAD STE 201
MIAMI FL 33145



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/04/1996

4. FEI Number
65-0636411

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 5200 S. W. 8TH. STREET

2a. Mailing Address

26 5200 S. W. 9th. STREET,

Suite, Apt. #, etc.

22 FIRST FLOOR, SUITE 250,

Suite, Apt. #, etc.

27 FIRST FLOOR, SUITE 250,

City & State

23 CORAL GABLES, FLORIDA

City & State

28 CORAL GABLES, FLORIDA

Zip

24 33134

Country

25 U.S.A.

Zip

29 33134

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

MENENDEZ, NORBERTO JR
2299 DOUGLAS ROAD STE 201
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
5200 S. W. 8th. Street,

83 First Floor, Suite 250,

84 City

CORAL GABLES,

FL

85 Zip Code
33134

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PSD
NAME MENENDEZ, NORBERTO JR
STREET ADDRESS 2299 DOUGLAS ROAD STE 201
CITY-ST-ZIP MIAMI FL 33145 ☐ DELETE

TITLE D
NAME KOTIS, DECID
STREET ADDRESS 2299 S.W. 37 AVE., STE. 201
CITY-ST-ZIP MIAMI FL ☒ DELETE

TITLE D
NAME VENOZO, CARMEN LUCIA B
STREET ADDRESS 2299 S.W. 37 AVE., STE. 201
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 5200 S. W. 8th. Street, 1st. Floor, 250,
1.4 CITY-ST-ZIP CORAL GABLES, FLORIDA 33134

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME DECIO KETIS,
2.3 STREET ADDRESS ONE COCONUT LANE;
2.4 CITY-ST-ZIP KEY BISCANYE, FLORIDA 33149

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Norberto Menendez, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORBERTO MENENDEZ, JR., PRES. (305) 569-0650 4/29/99

Date

Daytime Phone #

CR2E034 (11/98)

0199932