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FILED

Apr 21 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 # P96000014364 (9)

1. Corporation Name
GLOBEX, INC.

Principal Place of Business
100 SE 2ND ST 21ST FLOOR
MIAMI FL 33131

Mailing Address
100 SE 2ND ST 21ST FLOOR
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/12/1996

4. FEI Number

APPLIED FOR 65-0628491

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 33131 25 U.S.A.

2a. Mailing Address

26 100 SE 2ND ST 21ST FLOOR

27 Suite, Apt. #, etc.

28 City & State

29 33131 30 U.S.A.

9. Name and Address of Current Registered Agent

BROTMAN, STEVEN H
100 SE 2ND ST 21ST FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name H.S. Blair & Associates, Inc
82 Street Address (P.O. Box Number is Not Acceptable)
100 SE 2ND ST 21ST FLOOR
83 Suite C
84 City Cape Coral FL 85 Zip Code 33904

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

S. L. Rocco

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-98

12. OFFICERS AND DIRECTORS

TITLE OPT
NAME LAMPRECHT, GERHARD
STREET ADDRESS 1081 BEL AIRE DR. EAST
CITY-ST-ZIP PEMBROKE PINES FL

TITLE DVS
NAME LAMPRECHT, ELFREIDE
STREET ADDRESS 1081 BEL AIRE DR. EAST
CITY-ST-ZIP PEMBROKE PINES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

S. L. Rocco

4-15-98 941-509-9400

CR2E034 (10/97)