PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P96000014672

1. Corporation Name

GLOBAL A.J., INC.

Dringing Di-	an of Punisana	Mailing Address				T (BB)(400) (III (D)(40 U(4) 00(1) 00(1) 00(1) 00(1) 00(1)		116 6 8 8 60 6184 1081	
•	ice of Business	Mailing Address							
10600 SW 88		10600 SW 88TH CT.							
MIAMI FL 331	/6	MIAMI FL 33176				DO NOT WRITE IN THE	S SPACE		
US US						3. Date Incorporated or Qualifed			
						02/13/1996			
4 Dringing!	Place of Business	2a. Mailing Address				4, FEI Number		Applied For	
						1 **	Not Applicable		
21 26						00 00 1 1001			
Suite, Apt. #, etc. Suite, Apt. #, etc. 27 ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~				<u>ــــــ</u> ـــــــــــــــــــــــــ		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State City & State						6. Election Campaign Financing S5.00 May Be			
23		28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cou	ıntry	,	8. This corporation owes the current year II	ntangible	$\overline{}$	
24	25 29 3			0		Personal Property Tax.	☐ Yes Æ No		
ı - ::L	9. Name and Address of Cu	11	1			10. Name and Address of New Registered	d Agent		
				81	Name				
DE	LGADO, SUSAN			-	04. 1.1	dd - (D.O. Daw Marshari - Marsharian)	·		
10600 SW 88 COURT				82	Street Ad	ddress (P.O. Box Number is Not Acceptable)			
MIAMI FL 33176				83	<u> </u>				
				84	City	FI	85 Zip	Code	
44 Diversion		0502 and 607 1509 Florido State	itos the a	hove	named co	orporation submits this statement for the purpose of	- : :	ts registered	
office or	registered agent, or both, in the St	tate of Florida. Such change was	authorized	t by	the corpora	ation's board of directors. I hereby accept the appo	intment as	registered	
agent. I	am familiar with, and accept the of	bligations of, Section 607.0505, Fl	orida Stat	utes	•			ļ	
SIGNATURE						uired when reinstating) DATE			
	Signature, typed or printed name of registered		- -	Ager	nt signature req	all da Wildir Tollidating/	ND DIDECT	ODE IN 12	
12.		S AND DIRECTORS	13.	71 5	1	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT		
TITLE	₽ ₽	☐ DELETE	1.1 Π						
NAME DELGADO, JUAN M			1.2 NAME		}			:	
STREET ADDRES			1.3 S	TREE!	FADDRESS			l	
CITY-ST-ZIP	MIAMI FL 33176			TY-S	T-ZIP			-1.	
TITLE	SPD	☐ DELETE	2.1 TI	TLE			☐ Change	e	
NAME	DELGADO, SUSAN M		2.2 N	AME				l	
STREET ADDRES	s 10600 SW 88 COURT		2.3 S	TREET	T ADDRESS	** *	-		
CITY-ST-ZIP	MIAMI FL 33176		2. 4 C	ITY-S	T-ZIP				
TITLE		☐ DELETE	3.1 TI				[] Change	Addition	
NAME			3.2 N	₩E					
STREET ADDRES	s		1		ADDRESS			i	
CITY-ST-ZIP	-				ST-ZIP			l	
TITLE		☐ DELETE	4.1 TI		-		☐ Change	Addition	
NAME			4, 2 N					-	
					FADDRESS			l	
STREET ADDRESS	9				1			ļ	
CITY-ST-ZIP		☐ DELETE	4.4 CI 5.1 TI		1-211		☐ Change	e ☐ Addition	
TITLE		☐ AETELE	5.1 II 5.2 N/			•			
NAME					TADDRESS			ł	
STREET ADDRESS	S.							ļ	
CITY-ST-ZIP		E77	5.4 CI		1-ZIP		<u> П</u> м	T A JUNE -	
TITLE		☐ DELETE	6.1 TI	ILE			Change	Addition	

14. I hereby certify that the information supplied with this filling 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 on 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.

6.2 NAME

6.4 CITY-ST-ZIP

SIGNATURE: 2

NAME STREET ADDRESS

CITY-ST-ZIP

3d5-594-3727

FILED

Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90054 001 ***150.00