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**

DOCUMENT # **P96000036453**1. Corporation Name

GLOBALNET OF NORTH AMERICA, INC.

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

05-01-1999 90090 009 ***150.00



Principal Place	e of Business	Mailing Address				4		
6000 PARK OF	COMMERCE BLVD., SUITE A	6000 PARK OF CO	MMERCE BLV	D., SUITE A				
BOCA RATON I	FL 33487	BOCA RATON FL	33487					
						T WRITE IN TH	S SPACE	
					3. Date Incorporated or Qu	alifed		Į
	·				04/24/1996			
2. Principal Pl	lace of Business	2a. Mailing Addre	:SS		4. FEI Number			lied For
21		26			65-0664921		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.	•	5. Certificate of Status Des	ired 🔲	\$8.75 A	
22	<u>-</u>	27	_		5. Certificate of Ciatos Des	"ca	Fee Req	luired
City & State	e	City & State			6. Election Campaign Fina	ncing	\$5.00 N	May Be
23		28			Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	С	Country	8. This corporation owes to	he current year I	ntangible	
24	25	29	30		Personal Property Tax.	•		□No
24)	9. Name and Address of Curre		1001		10. Name and Address of	New Registere	d Agent	
	,	<u>g</u>	•	81 Name	, ,			
REG	ISTRATION CORPORATION OF	FLORIDA, INC.		K	out soubos,	Jame	<u>S</u> .	
22422 THOUSAND PINES LANE					dress (P.O. Bex Number is Not	(cceptable)	1	RIV
	A RATON FL 33428			83	2000 Park of	com	muce	<u> </u>
500	A IMIONIE GOTZO			63 \(\le \)	suite A		•	
•	•			84 City	D 1-		85 Zjp_C	ode CO
				1	soca katon	\ <u>F</u>	<u>L 3</u>	487
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State	02 and 607.1508, Florid	la Statutes, the	above-named co	rporation submits this statement	for the purpose o	of changing its r	egistered istered
office or re	egistered agent, or both; in the State m fa <u>milia</u> r with, and accept the oblig:	e of Florida. Such chang ations of, Section 607.0	505 Florida Si	tatutes.	Mons board of directors. Thereby	, accept the app	/	1010100
=	-T	SOUBOS	, ,,	nor Zis	utan Ova	11/5	og 199	
SIGNATURE	Signature, typed or printed name of registered ago			ered Agent agnature requ	(ired when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTORS	1	3.	ADDITIONS/CHANGES	TO OFFICERS A		
TITLE	D	☐ DE	LETE 1.	1 TITLE			Change	☐ Addition
NAME	KOUTSOUBOS, YANNI		1.3	2 NAME				
STREET ADDRESS	6000 PARK OF COMMERCE I	BLVD., SUITE A	1:	3 STREET ADDRESS				
	BOCA RATON FL 33487		1	4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE	D	DE		1 TITLE			Change	Addition
	l T			2 NAME				
NAME	KOUTSOUBOS, JAMES	DI VID						
STREET ADDRESS	6000 PARK OF COMMERCE I	BLVD		3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL			4 CITY-ST-ZIP			Change	- Addition
TITLE _	- • -	- ∐ DE	LETE + 3.	t.TITLE .		77 -	☐ Change	· L. VOUIDOU
NAME	Í		3.2	2 NAME				
STREET ADDRESS	,							
CITY-ST-ZIP			J.,	3 STREET ADDRESS				
				4. CITY-ST-ZIP				
TITLE		□ DE	3.4				☐ Change	Addition
TITLE		□ DE	LETE 4.	4. CITY-ST-ZIP	<u> </u>		☐ Change	Addition
TITLE NAME		□ DE	3.4 ELETE 4.4	4. CITY-ST-ZIP 1 TITLE 2 NAME			☐ Change	Addition
TITLE NAME STREET ADDRESS		□ DE	3.6 ELETE 4.6 4.6 4.6	4. CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			3.6 ELETE 4.1 4.1 4.3	4. CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP			☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			3.0 ELETE 4.1 4.4 4.4 ELETE 5.5 5.5	4. CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS				
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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. CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURI