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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # P96000044140

GLOBE INTERNATIONAL INVESTMENTS, INC.

Country

9. Name and Address of Current Registered Agent

25

Principal Place of Business 1615 TALISIA COURT LONGWOOD FL 32779

Suite, Apt. #, etc.

City & State

22

23

2. Principal Place of Business

LONGWOOD

1615 TALISIA

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

29

Zip

POST OFFICE BOX 951838 LAKE MARY FL 32795

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90108 007 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 05/23/1996 4. FEI Number Applied For 59-3383337 Not Applicable \$8.75 Additional 5. Certifcate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible □₩6 Personal Property Tax. ☐ Yes

AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134

10. Name and Address of New Registered Agent	
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City FL 85 Zip Code

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.

Country

30

SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13 DELETE 1.1 TITLE ☐ Change Addition TITLÉ **PSTD** NAME SHIVJI, YVONNE A 12 NAME 1615 TALISIA COURT STREET ADDRESS 1.3 STREET ADDRESS LONGWOOD FL 32779 1.4 CITY-ST-ZiP CITY-ST-ZIP Change ☐ Addition ☐ DELETE TITLE 2.1 TITLE DIRECTOR 2.2 NAME NAME ALADDIN SHIVJI STREET ADDRESS 1615 TALISIA CRI 2.3 STREET ADDRESS LONGWOOD FL 3277 CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ Addition DELETE TITLE 3.1 TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ Addition Change ☐ DELETE TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Addition ☐ DELETE Change 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP 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'l 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16 9 407 786 21°

CR2E034 (11/98)