PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **P9600066806**1. Corporation Name

GLOBAL SITE CONSULTING, INC.

FILED Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90051 028 ***150.00



						<u> </u>			
Principal Place of Business Mailing Address						1 (881/88) (10 totră \$1(1) £2(1) 66)	36111 88118 B	9 11 9 1 1911	. savis siii 184)
7938 FISHER IS		7938 FISHER ISLA	ND DRIVE						
MIAMI FL 3310	9	MIAMI FL 33109	MIAMI FL 33109			DO NOT WRITE IN THIS SPACE			
						3, Date Incorporated or Qualifed	11110		——-
						08/12/1996			j
2. Principal P	Place of Business	2a. Mailing Addre	ess		·	4. FEI Number		A	pplied For
21		26				65-0704899		N	ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5, Certificate of Status Desired			Additional
22	-	27	 			3 ,			tequired
City & Stat	te	City & State				6. Election Campaign Financing		*	May Be
23	Country	Zip		Country		Trust Fund Contribution	et con loto		to Fees
Zip	Country			Journa y		This corporation owes the curre Personal Property Tax.	•	ngible □ Yes	□No
24	9. Name and Address of Curre	29 nt Registered Agent	30	- T		10. Name and Address of New R			
		regionor ou rigorit		81	Name			-	
BUR	INS, RICHARD			00	Ctront Add	ross (P.O. Boy Number is Alet Assests	hla)	-	
) N.W. 107TH AVE.			82	Street Add	reet Address (P.O. Box Number is Not Acceptable)			
	E 200			83	<u> </u>				
MIAI	MI FL 33172			84	City			85 Zip	Code
						poration submits this statement for the	FL		
SIGNATURE	Signature, typed or printed name of registered age				nt signature require	ad when reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIRECT	ORS IN 12
12.	,	ND DIRECTORS		1 TITLE		ADDITIONS/CHANGES TO OFF	ICERS AN	Change	
TITLE	PSD Diebold, Olivier			2 NAME					
NAME STREET ADDRESS			1.3 STREET ADDRESS				•		
CITY-ST-ZIP	MIAMI FL 33109			4 CITY-S	- }				
TITLE	INDUNT LE GOTOG			1 TITLE	1.21			Change	Addition
NAME.			2.	2 NAME					
STREET ADDRESS	,		2.	3 STREET	T ADDRESS	-			
CITY-ST-ZIP			2.	4 CITY- S	ST-ZIP		_,		
TITLE		□ DE	LETE 3	1 TITLE				☐ Change	Addition
NAME			3.	2 NAME					
STREET ADDRESS			Э.	3 STREET	T ADDRESS				
CITY-ST-ZIP				4. CITY-S	T-ZIP			[](bassa	[7] Addition
TITLE		□ DE		1 TITLE				Change	Addition
NAME				. 2 NAME					
STREET ADDRESS					TADORESS				
CITY-ST-ZIP TITLE				4 CITY-S 1 TITLE	1-ZIP			Change	Addition
NAME		0.00		2 NAME					
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP				4 CITY-S					
TITLE		□ DE		1 TITLE				Change	Addition
NAME			6.	2 NAME					
STREET ADDRESS			6.	3 STREET	T ADDRESS				
CITY-ST-ZIP			6.	4 CITY-S	T-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 attactment with an address water all other time empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR