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May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000072380 (4)**

1. Corporation Name
GLOBAL VILLAGE INTERNATIONAL CORPORATION

Principal Place of Business	Mailing Address
~~P O BOX 161239~~	~~P O BOX 161239~~
~~MIAMI FL 33116~~	~~MIAMI FL 33116-1239~~

3. Date Incorporated or Qualified: 08/30/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 560223	26 P.O. Box 560223
22 Suite, Apt. #, etc. Pinecrest Florida	27 Suite, Apt. #, etc. Pinecrest Fl.
23 City & State 33256 U.S.A.	28 City & State 33256 U.S.A
24 Zip	25 Country
29 Zip	30 Country

4. FEI Number: 650696219 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
~~CORREDERA, PETER~~
~~13070 SW 132ND CT~~
~~MIAMI FL 33186~~

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 8745 S.W. 129 terr.
83
84 City: Miami FL 85 Zip Code: 33176

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.

SIGNATURE: Peter Corredera — DATE: 3/15/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	CORREDERA, PETER	1.2 NAME	
STREET ADDRESS	~~P O BOX 161239 N/A~~ new ADDRESS →	1.3 STREET ADDRESS	P.O. Box 560223 (N/A)
CITY-ST-ZIP	~~MIAMI FL 33116~~	1.4 CITY-ST-ZIP	Miami Fl 33256
☐ DELETE			
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	CORREDERA, ADRIANA P	2.2 NAME	
STREET ADDRESS	~~P O BOX 161239 N/A~~ new ADDRESS →	2.3 STREET ADDRESS	P.O. Box 560223 (N/A)
CITY-ST-ZIP	~~MIAMI FL 33116~~	2.4 CITY-ST-ZIP	Miami Fl. 33256
☐ DELETE			
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
☐ DELETE			
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
☐ DELETE			
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
☐ DELETE			
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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: Peter Corredera — DATE: 3/15/97 — 305-232-4465