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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000086019

ALL GLOBAL CORP.				
Principal Place of Business	Mailing Address		1 1881/880 the take allow and said said said said said said take and said delta take	
9678 FOUNTAINEBLEAU BLVD. 9678 FOUNTAINEBLEAU BLVD. #106 #106 MIAMI FL 33172 MIAMI FL 33172		DO NOT WRITE IN THIS SPACE		
			3. Date Incorporated or Qualifed 10/17/1996	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied F	
21	26		65-0710995 Not Applie	cable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Addition Fee Required	
City & State	City & State		6. Election Campaign Financing S5.00 May B Trust Fund Contribution Added to Fees	
Zip Country 24 25		untry	Personal Property Tax. Yes No	
9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered Agent	
GUERRERO, VICTOR 9678 FOUNTAINEBLEAU BLVD. #106		81 82 83	82 Street Address (P.O. Box Number is Not Acceptable)	
MIAMI FL 33172		84		<u></u>
office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig	e of Florida. Such change was authorize	30 DV	ove-named corporation submits this statement for the purpose of changing its register by the corporation's board of directors. I hereby accept the appointment as registere	ered d
SIGNATURE Signature, typed or printed name of registered as	gent and title if applicable. (NOTE: Register	ed Ager	Agent signature required when reinstating) DATE	
	ND DIRECTORS 13	i.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12

SIGNATURE	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE							
12.	OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	PD DELETE	1.1 TITLE	☐ Change ☐ Addition					
NAME	GUERRERO, VICTOR	1.2 NAME						
STREET ADDRESS	9678 FOUNTAINEBLEAU BLVD., #106	1.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33172	1.4 CITY-ST-ZIP						
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition					
NAME		2.2 NAME	,					
STREET ADDRESS		2.3 STREET ADDRESS						
CITY-ST-ZIP -	د من خد . خدم مرسوره چ. د خدود	2.4 CITY-ST-ZIP						
TITLE	DELETE	3.1 TITLE	☐ Change ☐ Addition					
NAME		3.2 NAME						
STREET ADDRESS		3.3 STREET ADDRESS	}					
CITY-ST-ZIP		3.4, CITY-ST-ZIP						
TITLE	DELETE	4.1 TITLE	☐ Change ☐ Addition					
NAME	,	4, 2 NAME						
STREET ADDRESS		4.3 STREET ADDRESS						
CITY-ST-ZIP		4.4 CITY- ST-ZIP						
TITLE	DELETÉ	5.1 TITLE	☐ Change ☐ Addition					
NAME		5.2 NAME						
STREET ADDRESS		5.3 STREET ADDRESS						
CITY-ST-ZIP	4	5.4 CITY-ST-ZIP						
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition					
NAME		6.2 NAME						
STREET ADDRESS		6.3 STREET ADORESS	· .					
CITY-ST-7IP		6.4 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 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 attempt of the corporation of the corpor

SIGNATURE:

UNICTON GUELLED SIGNATURE AND TYPE