FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 24, 2002 8:00 am Secretary of State

DOCUMENT # P97000034665 1. Entity Name			05-24-2002 91336 006 ***150.00
GLOBAL Internet, DO NOT WRIT		PACE	~ ~ ~
2. Principal Place of Business 6210 NW 173 KD	3. Mailing Address 6210 NW 173 KD ST		
Suite, Apt. #, etc. Apt. #824	Suite, Apt. *, etc. Apt. #82	4	DO NOT WRITE IN THIS SPACE
City & State Miami, FLorida	City & State , MIAMI, F	Lorida	4. FEI Number Applied For Not Applicable
Zip Country USA	33015	Country USA	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
		Name () /	7. Name and Address of Current Registered Agent
DO NOT WRITE IN THIS SPACE		Street Address	P.O. Box Number is Not Acceptable)
		02/0	# 824
		City MIAN	7in Code
8. The above named entity submits this statemen	t for the purpose of changing its		
SIGNATURE Phildorn M. Signature, typed or pristed name of registered ag	Perez Precident X	Muldoca C Registered Agent signature require	M. Dolos Harbto 5/01/02
9. This corporation is eligible to satisfy its Intangi Tax filling requirement and elects to do so. (See criteria on back) []	After May Amended	ay 1 Fee is \$150.00 1, Fee is \$550.00 i UBR is \$61.25 le to Department of Sta	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME OFFICERS AN PAID NOTES (0210 NW173A TITLE NAME	Rezignt. #824	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	CR2E034B (12/01)
STREET ADDRESS CITY ST-ZIP TITLE		STREET ADDRESS CITY-ST-ZIP.	
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE RANGE STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	IN-THIS-SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
indicated on this report or supplemental report of the corporation or the receiver or trustee attachment with an address, with all other like	rt is true and accurate and that ne empowered to execute this repor	ny signature shall have the tas required by Chapter to Desclar P	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 307, Florida Statutes; and that my name appears in Block 11 or on an (3 o 5) hildown M. Perez, fres, 828.8316 Date Daytime Phone J