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

**FILED** PROFIT May 13 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P97000078469 (8) GLOBAL SHOPPERS, INC. Principal Place of Business Mailing Address 4831\_NW 31 AVE 463L NW 31\_AVE-FORT LAUDERDALE FL 33309 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/10/1997 Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Election Campaign Financing Added to Fees Trust Fund Contribution BROWARD 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent TIANVAN, SHIRELLE Name 4832 NW 31 AVE Street Address (P.O. Box Number is Not Acceptable) #218 FORT LAUDERDALE FL 33309 City 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. I am familiar 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 the state of Florida Statutes. SHIRE I IMN SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE Change Addition New NAME 1.2 NAME lew Company STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 City - St - ZiP TITLE DELETE 2.1 TITLE Change Addition NAME 2 2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-S1-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 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 Change Addition TITLE 6.1 TITLE

14. Thereby 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 cupplemental annual roport is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of the receiver or trustoe 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 extension of the receiver or trustoe 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 extension of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the receiver

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

MAME

STREET ADDRESS

CITY-ST-ZIP

3-31-98