Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90277 011 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000078469

1. Corporation Name

GLOBAL	SHOPPERS, INC.								
Principal Place	of Business	Mailing Address				t inditings our entri inditional entri entiti antiti	ERICI (ERREI (ERICI)	AISIN BILLE	film fami
4001 PEMBROKE RD 4001 PEMBROKE RD									
HOLLYWOOD F		HOLLYWOOD FL 33021							
US	-	US				DO NOT WRITE IN	THIS SPACE		
	, '					3. Date Incorporated or Qualifed 09/10/1997			
2. Principal Pl	ace of Business	2a. Mailing Address	رة با م ن روسة			4. FEI Number		Applied	
21		26		·		65-0796429		Not Ap	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additi	
22		27				6. 55/11525 51 51/1152 51	Fee	Require	ed
City & State	e	City & State				6. Election Campaign Financing	•	00 мау	
23						Trust Fund Contribution	Add	led to Fe	es
Zip	Country	Country Zip Cou				8. This corporation owes the current year		_	
24	25	29 30				Personal Property Tax.	Yes		lo
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Register	ered Agent_		
TIAN	IVAN. SHIRELLE		8	1 Name	<u>Al.</u>	-MARVASTI			
4632 NW 31 AVE			8	2 Street	Addres	ss (P.O. Box Number is Not Acceptable)			
#218				3 40	0	PENIBRONE OLD			
FORT LAUDERDALE FL 33309				3					
	T CHODENDALE I E 00000	• •	8	4 City L	101	LYWOOD	FL 85	Zip Code	1
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, t	the abo	ve-named	согрог	ration submits this statement for the purpor's board of directors. I hereby accept the	se of changing	j its regis	stered
office or n	egistered agent, or both, in the <u>State o</u> m familiar with, a nd accept the obligati	f Florida, Such change was autho ons of, Section 607.0505; Florida	orized b Statute	y the corp es.	oration •	's board of directors. I hereby accept the	appointment a	s registe	rea
	Alam TANACH	mp-/	>	16	æ	- <i>H</i> -12	-99		ſ
SIGNATURE	Signature, typed or pfinted name of registered agent	and title if applicable. (NOTE: Reg	istered Ag	eri synature i	required v	when reinstalung) DA	TE .		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER			
TITLE	Р	D.DELETE	1.1 11111		-1	-MARNASTI		nge 🎾	Addition
NAME	SHIRELLE TIANVAN	. 1.2 N			44	-MARYASTI			
STREET ADDRESS	_		1.3 STRE	ET ADDRESS	40	DOI PEMBROKIZ "D			
CITY-ST-ZIP				ST-ZIP	-	HOLLYNDO FL3	3021		
TITLE			2.1 TITLE			,	☐ Char	nge [] Addition
NAME			2.2 NAM	Ε					_[
STREET ADDRESS			2.3 STRE	ET ADDRESS					Ì
CITY-ST-ZIP	•		2. 4 CITY	-ST-7IP					
TITLE		☐ DELETE	3.1 TITLE				☐ Char	nge [Addition
NAME			3.2 NAMI	≣					ĺ
STREET ADDRESS				ET ADDRESS					İ
CITY-ST-ZIP		l l	3.4. CITY		ļ				}
TITLE				TITLE			Char	nge [Addition
NAME		<u> </u>	4.7 III.E						_
STREET ADDRESS	1			3 STREET ADDRESS					}
CITY-ST-ZIP			5.1 TITLE		1		☐ Char	nge F	Addition
TITLE			5.2 NAMI						-
NAME			J (W 1911	-	1				

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 attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZiP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNING OFFICER OR DIRECTOR

☐ DELETE

☐ Addition

Сhange