

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED
98 JUN 24 PM 3:28

DOCUMENT # PA7000104911
1. Corporation Name
GLOBAL BUSINESS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 9157 KILGORE RD. ORLANDO, FL 32836
Mailing Address: 9157 KILGORE RD. ORLANDO, FL 32836

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 8801 COLLINS AVE SUITE, APT. #, etc. 710 SURFSIDE FL 33154 USA
2a. Mailing Address: 26 8801 COLLINS AVE SUITE, APT. #, etc. 710 SURFSIDE, FL 33154 USA

3. Date Incorporated or Qualified: 12-10-97
4. FCI Number: [] Applied For [X] 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 owes or has paid the current year Intangible Personal Property Tax due June 30. [] Yes [X] No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NILDA I. RIVERA
9157 KILGORE ROAD
ORLANDO FL 32836

81 Name: IVAN C. CRUZ
82 Street Address (P.O. Box Number is Not Acceptable): 8801 COLLINS AVE # 710
83 City: SURFSIDE FL 85 Zip Code: 33154

11. Pursuant to the provisions of Sections 607.0505 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: [Signature]

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input checked="" type="checkbox"/> DELETE
NAME	NILDA I. RIVERA	
STREET ADDRESS	9157 KILGORE ROAD	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> DELETE
NAME	CARLOS J. BONILLA	
STREET ADDRESS	9157 KILGORE ROAD	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	IVAN C. CRUZ	
1.3 STREET ADDRESS	8801 COLLINS AVE, # 710	
1.4 CITY-ST-ZIP	SURFSIDE FL 33154	
2.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	NILDA I. RIVERA CRUZ	
2.3 STREET ADDRESS	8801 COLLINS AVE # 710	
2.4 CITY-ST-ZIP	SURFSIDE FL 33154	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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-05/30/98-01054-016
***150.00 ***150.00

SL
6-24-98

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.

SIGNATURE: [Signature] 5/29/98 (305) 865-7451

CR2E034 (10/97)