PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secre ary of State

FILED Apr 29, 1999 8:00 am Secretary of State Katherine Harris

04-29-1999 90154 017 ***150.00

·	1999	DIVISION OF C	UKPUH	(ATIO								
DOCUMENT # P98000016910 1. COMPUTATION NAME GLOBAL NETWORK COMMUNICATIONS, INC.											.	
Descinal Floor	o of Business	Mailing Address	_			-			RIL FALIS ARRES			
Principal Flace		•										
MIAMI FL 3312	KEY DRIVE #601 2	601 BRICKELL KEY DRIVE : MAMI FL 33122	# 6U1			-						
									TE IN THIS	SPACE		٦
ļ						3. Date incorporated or Qualified 02/23/1998					-	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number				A	pilled For	1
21		26				a	plied	101		N	lo: Applicable]
Suite, Apt.	#, etc	Suite, Apt. #, etc.				5. Certife	rate of Status	J Desired			Additional Required	
22 City & State		City & State				e Flection	ın Campaign	Financino			May Be	┪
23		28		-			Fund Contribu				Ito Fees	
Zip	Cou itry	Zip	Cou	ntry		8. This c	orporation ow	es the curr	ent year int	tangible		1
24	25	29	30				nal Property T			Yes	_ No	1
	9. Name and Address of Current	Registered Agent				10. Name	and Address	of New F	Register ad	Agent		-
			į	81	Name							1
DE LA CRUZ, LUIS F JR 241 SEVILLA AVE STE 805				82	Street A idre	ss (P.O. Bo	Number is N	lot Accepta	able)			1
								<u>.</u>				┨
COR	AL GABLES FL 33134			83								
				84	City				F:I	65 Zip	Code]
	the service of Santon FOT OFO:	and 607 1509. Elopida Statute	s the o	001/0-1	named camo	ration subm	Is this statem	ent for the		changing it:	s registered	┧
office or n	to the provisions of Sections 607.0502 egistered agent, or brith, in the State of m familiar with, and accept the obligation	Florida. Such change was au	thonzed	by th	e corporation	n's board of	directors. I he	reby accep	pt the ap xoi	otment as r	ə; istered	
agent. I ai	m familiar with, and accept the obligatio	ons of, Section 607.0505, Flan	ida Ştatı	ites.								-
SIGNATURE	Signature, typed or printed it ime of registered agent a	ind title if applicable. (NO' E'	Registered	Ageni s	ignature recuired	when reinstating			DATE] =
12.	OFFICERS AND		13.			ADDIT	ONS/CHANG	ES TO OF	FICERS AN	ID DIRECTO		(11/98)
TITLE	PD	☐ DELETE	1.1 111	LE						Change	Addition	=
NAME	TARRAU, GABRIEL		1.2 NA	ME								\ \forall \for
STREET ADDRESS	601 BRICKELL KEY DRIVE #601		1.3 ST	REET AL	DORESS							Į
CIY-ST-ZIP	MIAMI FL 33122			Y-\$T-Z	2P	· _					CTI di didicio	CR2E034
TITLE !	VSD	☐ DELETÉ	2.1 111		. \					Change	Addition	١
NAME	TARRAU, MIGUEL		22 NA									
STREET ADDRESS	601 BRICKELL KEY DRIVE #601		1		DORESS							
CITY-ST-ZIP TITLE	MIAM! FL 33122	☐ DELETE	2.4 C	TY-ST-	ZIP					Change	Addition	1
!			32 NA								_	1
NAME STREET ADDRESS					DORESS							
CITY-ST-ZIP				TY-ST-	1.		•					
TITLE		☐ DELETE	4.1 777							Change	Addition	1
NAME			4.2 NA	ME	İ							1
STREET ADORS SS			4.3 STE	REET AL	DORESS						,	1
CITY-ST-ZIP			4.4 CET	Y-ST-Z	ne l							
TITLE		☐ DELETE	5 1 117	LE						Change	☐ Addition	
NAME			5.2 NA	ME								1
STREET ADDRESS					DORESS						ļ	1
CITY-ST-ZIP				Y-51-Z	UP							1
TITLE		☐ DELETE	5.1 TIT							Change	☐ Addition	
NAME			6.2 NA									1
STREET ADDRUSS					DORESS							l
CITY-ST-ZIP			6.4 CIT	Y-57-Z	iP]

14. I hereby certify that the information supplied with this filing does not qualify (ar the exemption stated in Section 119.0"(3)(i). Florida Statutes. I further partify that the ir formation indicated on this annual report of 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 of 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 changer, or op an attachment with an address, with all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Tresident

1/26/99

(a) 371-4041