PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

May 06, 1999 8:00 am Secretary of State

DOCUMENT # P98000053951

Corporation Name

GLOBO-DIRECT CORP.

Principal Place of Business	Mailing Address
1080 NW 163 DRIVE	1080 NW 163 DRIVE
MIAMI FI 33169	MIAMI FI 33189



FILED

MIAMI FL 33169 MIAMI FL 33169		DO NOT WRITE IN THIS SPACE						
<i>'</i>					3. Date Incorporated or Qualifed			
					06/17/1998			_,
2. Principal Place of Business	2a. Mailing Address				4. FEI Number		A	pplied For
21	26				65-089/68/		N	ot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc				5. Certificate of Status Desired			Additional lequired
City & State	City & State	4			6. Election Campaign Financing _Trust Fund Contribution	•	-	May Be to Fees.
Zip Co 24 25	untry Zip	Zip Coun			This corporation owes the current year in Personal Property Tax.	ntangib X		_ No_
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
STOLAR, DAVID M			81 82	Name Street Address	ss (P.O. Box Number is Not Acceptable)			
1350 KANE CONCOL	IRSE		••	30000 70000	og (1 10. box)(g))or is its incorporation			J
BAY HARBOR ISLAN	OS FL 33154		83					
			84	City	F	L 85	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, 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, typed or printed name of registered agent and title if applicable.	(NOTE: Ra	gistered Agent signature	required when reinstating)		NYE	
12.	OFFICERS AND DIRECTORS		13.		SICHANGES TO OFFICE	RS AND DIRECTO	RS IN 12
TITLE	GTP	B DELETE	13 TITLE			☐ Change	noblibbe .
NAME	BAKULA, GUILLERMO		1.2 NAME				
STREET ADDRESS	1080 NW 163 DRIVE		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAM! FL 33169		1.4 CITY-ST-ZIP				
TITLE	VD	X DELETE	21 TITLE			☐ Change	Addition
NAME	AGURCIA, ALEX		2.2 NAME				
STREET ADDRESS	1080 NW 163 DRIVE	'	2.3 STREET ADDRESS)			
CITY-ST-ZIP	MIAMI FL 33169		2.4 CITY-ST-ZIP				
TITLE	SD	₩ DETELE	3.1 TITLE	}		Change	☐ Addition
NAME	CHERRY, ERIC		3.2 NAME				
STREET ADDRESS	1080 NW 163 DRIVE		3.3 STREET ADDRESS				
CITY-ST-ZIP	~MIAMI:FL:33169-~		3.4. City-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE	PD	لمبيمه	☐ Change	Addition
NAME			4.2 NAME	JONGE (DEEPCIUM U. 163 DAJO	E	
STREET ADDRESS		i	4.3 STREET ADDRESS	1080 N.U	0. 765 2-9-		
OTTY-ST-ZIP			4.4 CITY-ST-ZIP	m/Am/	FL. 3316	/	
TITLE		DETELE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS	Ì			
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP		(i) Souds Statutes I furth		

14. I hereby certify that the information supplied with the 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 simual 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 effect 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 a statement with an address, with all other like empowered.

SIGNATURE:

UCEPCION 4-30-99 6-5/620-3600

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