Wednesday, April 28, 1999 7:04 PM To: Fror

**FILED**
**May 10, 1999 8:00 am**
**Secretary of State**
05-10-1999 90283 048 ***150.00

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**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 # P98000063108
Corporation Name: GLOBALSOURCE TRAVEL NETWORK INCORPORATED

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

| | | | |
|---|---|---|---|
| Principal Place of Business: 1200 W. Hillcrest Drive | 2a. Mailing Address: 3835R E. Thousand Oaks | 3. Date Incorporated or Qualified: JULY 15, 1998 | |
| Suite, Apt. #, etc.: SUITE 202 | Suite, Apt. #, etc.: #354 | 4. FEI Number: 59-3522586 | Applied For / Not Applicable |
| City & State: THOUSAND OAKS, CA | City & State: Westlake Village, CA | 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| Zip: 91320 Country: VENTURA | Zip: 91362 Country: VENTURA | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| | | 7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No | |

9. Name and Address of Current Registered Agent

FLORIDA INCORPORATORS, INC
1211 BRICKELL AVENUE, SUITE 900
MIAMI, FL 33131

10. Name and Address of New Registered Agent

81 Name: FLORIDA INCORPORATORS, INC
82 Street Address (P.O. Box Number is Not Acceptable)
83: 1211 BRICKELL AVENUE, SUITE 900
84 City: MIAMI FL 85 Zip Code: 33131

Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| OFFICERS AND DIRECTORS | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|---|---|
| STEVEN E. SHAPIRO, PRES. ☐ DELETE<br>1200 W. HILLCREST DRIVE, SUITE 202<br>THOUSAND OAKS, CA 91320 | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP — ☐ Change ☐ Addition |
| MYRON SHAPIRO<br>TREASURE + SECRETARY<br>1200 W. HILLCREST DRIVE, SUITE 202<br>THOUSAND OAKS, CA 91320 ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP — ☐ Change ☐ Addition |
| ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP — ☐ Change ☐ Addition |
| ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP — ☐ Change ☐ Addition |
| ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP — ☐ Change ☐ Addition |
| ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP — ☐ Change ☐ Addition |

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.

STEVEN E. SHAPIRO 4-29-99 (805) 379-5607
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone # 0182021