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

FILED
99 MAY -4 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/04/99--01055--001
****150.00 ****150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000086062

1. Corporation Name

GLOBAL INVESTMENTS, INC.

Principal Place of Business	Mailing Address
16300 W.E. 19th Avenue	16300 W.E. 19th Avenue
Suite 235	Suite 235
West Miami Beach, FL 33162	West Miami Beach, FL 33162

2. Principal Place of Business	2a. Mailing Address
21 c/o.2 S. Biscayne Blvd.	26 2 S. Biscayne Blvd.
Suite, Apt. #, etc. 22 Suite 3400	Suite, Apt. #, etc. 27 Suite 3400
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip 24 33131 Country 25 USA	Zip 29 33131 Country 30 USA

3. Date Incorporated or Qualified: October 6, 1998

4. FEI Number: [X] Applied For [ ] 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 the current year Intangible Personal Property Tax [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

Valdes-Fauli Corporate Services, Inc.
2 S. Biscayne Blvd., Suite 3400
Miami, Florida 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D [X] DELETE	11 TITLE	D/P/S [ ] Change [X] Addition
NAME	Garber, Miguel	12 NAME	Korn, Tomas
STREET ADDRESS	16300 W.E. 19th Avenue	13 STREET ADDRESS	2 S. Biscayne Blvd., Suite 3400
CITY-ST-ZIP	West Miami Beach, Florida 33162	14 CITY-ST-ZIP	Miami, Florida 33131
TITLE	[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: Tomas Corn 04/28/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #