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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90210 046 ***158.75

U103226

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000098187**

1. Corporation Name
GLOBAL SOLUTIONS INTL INC



Principal Place of Business Mailing Address
9421 S. ORANGE BLOSSOM TR., STE. 20C **9421 S. ORANGE BLOSSOM TR., STE. 20C**
ORLANDO FL 32837 **ORLANDO FL 32837**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/23/1998

4. FEI Number
59-3544631 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. **26** **15501 BRUCE B DOWNS**

22 City & State **27** Suite # **4317**

23 City & State **28** **TAMPA, FL**

24 Zip **25** Country **29** Zip **30** Country
33647 **USA**

9. Name and Address of Current Registered Agent
SARIPUDI, SRINIVASARAO
2416 BARLEY CLUB CT., APT. #2
ORLANDO FL 32837

10. Name and Address of New Registered Agent
81 Name **UMAKANTH VEMURI**
82 Street Address (P.O. Box Number is Not Acceptable)
15501 BRUCE B DOWNS
83 Suite # **4317**
84 City **TAMPA** **FL** **85** Zip Code **33647**

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 *X Vemuri Umakanth* DATE **X 04/21/99**

12. OFFICERS AND DIRECTORS

TITLE	REGISTERED AGENT <input checked="" type="checkbox"/> DELETE
NAME	SARIPUDI, SRINIVASARAO
STREET ADDRESS	2416 Barley club ct, Apt #2
CITY-ST-ZIP	ORLANDO, FL 32837
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	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	UMAKANTH VEMURI
1.3 STREET ADDRESS	15501 BRUCE B DOWNS, suite 4317
1.4 CITY-ST-ZIP	TAMPA, FL 33647
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	

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: *X S. Saripudi* SIGNATURE REQUIRED DATE **X 04/23/99** 813-495-0461

CR2E034 (11/98)