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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Sccretary of State

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DOCL					
Corporation	MENT # S67 9	963 (6)			
GLOCA	AR SERVICES, INC				
Principa! Place	of Business	Mailing Address	·		PO 1444 BIDIA DIDIA BABAR DUDA DIDIA DIDIA
7401 W FLA MIAMI FL 33		7401 W FLAGLER ST. MIAMI FL 33144			
N. Dinair at Oli				3. Date Incorporated or Qualified 07/23/1991	3a. Date of Last Report 04/04/1995
2, Principal Pa []	ace of Business	2a. Mailing Address		4. FET Number 65-0275342	Applied For Not Applicat
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
Cit. 6 Olay		27		5. Certificate of Status Desired	Fee Required
City & State	,	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution 8. This corporation has liability for	Added to Fees
]	25	29	30	Florida Statutes	₽ No
	g. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New F	legistered Agent
CANACI	CARLOS		81 Name		
	, Carlos Flagler St.		82 Street Add	ress (P.O. Box Number is Not Acceptab	ole)
	L 33144		83		
			84 City		[0.1]
			'		FL 85 Zip Code
framilians			sa by the corporation's poa	ro of directors. Thereby accept the abou	ontment as registered agent. Lam
IGNATURE	Signature typed or printed name of registered.	agent and title if applicable (%)	B. Registered Aport signation received	ration submits this statement for the pur rd of directors. I hereby accept the appoint a when rein adding?	ontment as registered agent. I am
GNATURE.	Stynature typicd or printed name of registered. OFFICERS	agent and little if applicable (file) AND DIRECTORS	El Registere I Agent signat in receive		OATE
IGNATURE.	Signature typical or printed name of registered. OFFICERS	agent and title if applicable (%)	11 Falgstern I Apont Signat in records 13. 1.1 TILE	.a vet कर स्थान को की कहा है	DATE
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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 it made under oath; that I am an officer or director of the eceiver or the receiver or those 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

SIGNATURE: Clauses Canlos Canasi 3/21/54 305-241-3840