SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # (2)GLOBAL INTERNATIONAL, INC. Principal Place of Business Mailing Address P.O. BOX 2026 P.O. BOX 2026 JUPITER FL 33468 JUPITER FL 33468 3. Date Incorporated or Qualified 3a. Date of Last Report 05/22/1992 08/14/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0426046 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zin Country Country 8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name JAYNES, DAVID A. 222 PICCADILLY STREET Street Address (P.O. Box Number is Not Acceptable) 82 SUITE 100 83 WEST PALM BEACH FL 33407 84 City 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, typerfor printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/E)DPST TITLE DELETE 11 TITLE Change Addition PAYNE, STEPHEN L. NAME 1.2 NAME CR2E034 P.O. BOX 2026 STREET ADDRESS 1.3 STREET ADORESS JUPITER FL CITY-ST-ZIP 1 4 CITY - ST - ZIP TIFLE DELETE 2.1 TITLE Change Addition NAME 2 2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - S1 - ZIP TITLE DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4 1 TILE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-S1-ZIP 5 4 CITY - ST - ZIP TITLE DELETE 61 THILE ____ Change | Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 84 CITY - ST-ZIP 14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes 1 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 617. Florida Statutes and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

THE ANDTYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

17 July 1996 (407) 745.0006