FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # V38668

GLOBAL INTERNATIONAL, INC.

FILE	D
May 09 199	7 8:00am
Secretary	of State



Principal Place P.O. BOX 2026 JUPITER FL 33	P.O. BOX 2026							
					3. Date Incorporated or Qualified 05/22/1992	3a. Date of Last 07/24/1996		
2. Principal P	lace of Business	28. Mailing Address	***************************************		4. FEI Number		Applied For	
21		26			65-0426046		Not Applicable	
22	Suite, Apt. #, etc. Suite, Apt. #, etc. 27			Certificate of Status Desired Section Section Section Sectio				
23				, , , , , , , , , , , , , , , , , , ,	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution			
	Z _i p Country Z _i p		 1	8. This corporation has liability for intangible tax under s. 19		r s. 199.032.		
24	9. Name and Address of Curr	29 ant Registered Agent	30		Florida Statutes L. 10. Name and Address of New Re	Yes No		
IAV	NES, DAVID A.	Air - LABINIAINA SAGIII		Name	14. Marie with Medican of 14011 Lin	B-a-Alan Silanit		
	PICCADILLY STREET		L.	10 Chanas A.d				
	E 100			Street Add	drøss (P.O. Box Number is Not Acceptab	ie)		
	ST PALM BEACH FL 33407		Ī	33				
				34 City		85 Zi	p Code	
					rporation submits this statement for the p	FL		
SIGNATURE		agent and title if applicable (NC ND DIRECTORS	OTE Registered	Agent signature req	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTO	ORS IN 12	
TITLE	DPST	DELETE	1.1 TITU	E		Chang	e Addition	
NAME	PAYNE, STEPHEN L.		1.2 NA	1				
STREET ADDRESS	P.O. BOX 2028 JUPITER FL N/A			EET ADDRESS				
CITY - ST - ZIP TITLE	JUPITER FL N/A	DELETE	2.1 TITL	r-ST-ZIP		Chano	e Addition	
NAME !		Ш весте	2.2 NA)	}		C. Crang		
STREET ADDRESS				EET ADDRESS				
CITY-SI-7IP			2. 4 CIT	Y-ST-ZIP	·			
10.6		☐ DELETE	3.1 T(T)	E .		☐ Chang	e 🔲 Addition	
NAME			3.2 NA/	AE				
STREET ADDRESS			- 1	EET ADDRESS				
ORY-ST-ZP TITLE		☐ DELETE	3.4. C/1 4 1 T/T	Y-ST-ZIP		Chang	e Addition	
NAME		□ btrtir	4.2 NA			Crang	· L AGGIRON	
STREET ADORESS				EET ADDRESS				
CITY-ST-ZIP				r-ST-ZIP	•			
Trite		DELETE	5.1 T(T)			☐ Chang	e Addition	
NAMÉ			5.2 NA	Æ				
STREET ADDRESS			5.3 STF	EET ADDRESS				
CITY - ST - ZIP				r-st-zip				
TITLE		☐ DELETE	6.1 TITL	1		☐ Chang	e [] Addition	
NAME			6.2 NA					
STREET ADDRESS				EET ADDRESS				
CITY - ST - ZIP	····		6.4 CIT	r-st-zip			, — — — — — — — — — — — — — — — — — — —	

14. I do 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 Brock 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

561 745 0006