File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE **Katherine Harris** FILED ANNUAL REPORT Secretary of State 1999 **DIVISION OF CORPORATIONS** on HAR 29 PH 5: 00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee SECRETARY OF STATE \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address
 of Limited Liability Company **DOCUMENT** #L9500000974 1a. Principal Place of Business Address EURO FLIGHT CONNECTION, L.C. 5280 NW 21 AVE., #58 FORT LAUDERDALE, FL 33309 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 01/01/1996 FLORIDA Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0643802 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Ζip Country 12/98 \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office WORLDWIDE CORPORATE SEVICES, INC Street Address (P.O. Box Number is Not Acceptable) ONE FINANCIAL PLAZA STE 2626 fort lauderdale, fl33394 Suite, Apt. #, etc. 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE \_\_\_ (Registered Agent Accepting Apportment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM MYERS, JAMES 5280 NW 21 AVE., #58 FORT LAUDERDALE, FL 33309 fort Lauderdale FL 33309 9#10002834139-----04/08/99--01104--021 \*\*\*\*188.75 \*\*\*\*188.75 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee Impowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an

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attachment with an address.

SIGNATURE: