
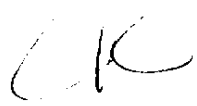


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED APR 29 PM 5:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000000648 PROTRADE GROUP, I.C. 2300 WEST SAMPLE ROAD, SUITE 202 POMPANO BEACH FL 33073		1a. Principal Place of Business Address 5550 GLADES ROAD, SUITE 200 BOCA RATON FL 33406 33431			
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/21/1998	
City & State		City & State		3a. State of Formation	
Zip		Zip		FL	
Country		Country		4. FEI Number	
				65-0836976	
				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
				5. Date of Last Report	
				6. Certificate of Status Desired	
				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent/Office		
AMERILAWYER, 343 ALMERIA AVENUE CORAL GABLES FL 33134			Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 500002832435--3 -04/07/93--01085--012 City ****197.50 ****197.50 FL		
9. Pursuant to the provisions of Sections 608.415 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 _____			DATE _____		
<small>(Registered Agent Accepts Appointment) (Not a Registered Agent Signature Required When Filing)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	ARONOFF, KEITH	9265 RUTLEDGE AVENUE, BOCA RATON, FL 6624 NORTHWEST 99TH AVENUE		PARKLAND FL	
MGRM	METSCHWILER, DONALD	2 HORSEHILL ROAD		BROOKVILLE NY REMOVE	
MGRM	SHAW, JARED SHAW, CANDACE	9016 VILLA PORTOFINO CIRCL		BOCA RATON FL	
					
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 empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: <u>KEITH ARONOFF</u>			Date: <u>3/26/99</u>		
<small>SIGNATURE AND TYPE (OR PRINT) ID NAME OF SIGNING MANAGER MEMBER OR MANAGER</small>					