

DOCUMENT # L98000002013

1. Entity Name
AMERICAN INTERNET COMMUNICATIONS, L.L.C.

Principal Place of Business
 2999 N.E. 191ST STREET, SUITE 406
 NORTH MIAMI BEACH FL 33180

Mailing Address
 2999 N.E. 191ST STREET, SUITE 406
 NORTH MIAMI BEACH FL 33180

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country

FILED
 01 SEP 14 PM 1:07
 SECRETARY OF STATE
 TALAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0867061** Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
THOMAS J. HAYES
9121 S.W. 102 STREET
MIAMI FL 33176

7. Name and Address of New Registered Agent
 Name **ERNESTO M. DELAHUZ**
 Street Address (P.O. Box Number is Not Acceptable)
430 WEST 56 ST
 City **MIAMI** FL Zip Code **33012**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: *Ernesto M. Delahuz* **ERNESTO M DELAHUZ CFO** DATE **2/16/01**

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering)



9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STONE, DAVID 2999 N.E. 191ST STREET, SUITE 406 NORTH MIAMI BEACH FL 33180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GORLOVEZKY, HARRY 2999 N.E. 191ST STREET, SUITE 406 NORTH MIAMI BEACH FL 33180	<input type="checkbox"/> Delete	501138903272 <input type="checkbox"/> Change <input type="checkbox"/> Addition 09/10/01 90130 007 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: *[Signature]* **PRESIDENT** DATE **2/16/01** (305) 933-4677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)