


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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 APR 22 PM 2: 16

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> \$ 188.75	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L98000002565</b>  ROWELL TRADE & COMMERCE LC 1220 NORTH MARKET STREET, SUITE 606 WILMINGTON DE 19801
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1a. Principal Place of Business Address  1220 NORTH MARKET STREET, SU WILMINGTON DE 19801
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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3. Date Organized or Qualified 11/04/1998	3a. State of Formation FL
4. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent  CORPROATE CREATIONS , ENTERPRISES IN 4521 PGA BLVD. #211 PALM BEACH GARDENS FL 33418
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8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code <b>FL</b> 11164
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-registering)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	AKATSA, DEBRA GRACE	ENGLISH RIVER	VICTORIA, MAHE SEYCH
MGR	RATH, NATALIE	ANSE BOILEAU	MAHE SEYCHELLES

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: Janet M. Caruccio, Attorney-in-fact for Natalie Rath, Mngr  
*Janet M. Caruccio* 4/20/99 302-421-5750  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER (D.P.) Display Phone #