
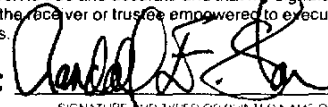


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L98000002704	
SPECIAL MARKETS-AMERICA DIRECT, LC 2775 VIA DE LA VALLE, STE. 206 DEL MAR CA 92014		1a. Principal Place of Business Address 2775 VIA DE LA VALLE, STE. 2 DEL MAR CA 92014	
2. Principal Place of Business		3a. State of Formation	
Suite, Apt. #, etc.		FL	
City & State		3. Date Organized or Qualified	
Zip		11/16/1998	
Country		4. FEI Number	
		33-0829645	
		5. Date of Last Report	
		NA	
		6. Certificate of Status Desired	
		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office	
BAUMAN, JEROME A P.A. <del>7820 PETERS ROAD, SUITE E-103</del> PLANTATION FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) 7119 WEST BROWARD BLVD Suite, Apt. #, etc. City PLANTATION FL Zip Code 33317	
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 reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR MEM	SLAVIN, RANDALL E	2775 VIA DE LA VALLE, STE.	DEL MAR CA 92014
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: 		RANDALL E. SLAVIN 4.27.99 619481-6266	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	