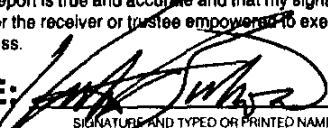
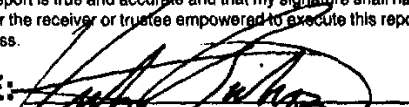


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 MAY -1 AM 9:27 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company D.E.T. CARD, L.C. 15495 EAGLE NEST LANE SUITE 120 MIAMI LAKES FL 33014		DOCUMENT # L95000000024 1a. Principal Place of Business Address 15495 EAGLE NEST LANE SUITE 120 MIAMI LAKES FL 33014			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 01/10/1995 3a. State of Formation FL 4. FEI Number 65-0544729 ☐ Applied For ☐ Not Applicable 5. Date of Last Report 02/28/1996 6. Certificate of Status Desired ☒ Additional Fee Required	
7. Name and Address of Current Registered Agent KTG&S REGISTERED AGY, NT CORPORATION 1401 BRICKELL AVENUE SUITE 700 MIAMI FL 33131			8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code		
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	BUBNOW, VICTOR	15495 EAGLE NEST LANE #120		MIAMI LAKES FL	
MEM	D.E.T. CARD, INC.	15495 EAGLE NEST LANE #120		MIAMI LAKES FL	
MWB 000002171770--7 -05/08/97--01118--001 ****407.50 ****203.75					
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 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: 		Victor Bubnow		2/7/97 305-824-0250	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	

FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company D.E.T. FINANCE, L.C. 15495 EAGLE NEST LANE SUITE 120 MIAMI LAKES FL 33014		DOCUMENT #L95000000093	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.		1a. Principal Place of Business Address 15495 EAGLE NEST LANE SUITE 1 MIAMI LAKES FL 33014	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip	3. Date Organized or Qualified 01/30/1995	3a. State of Formation FL
		4. FEI Number 65-0563641	☐ Applied For ☐ Not Applicable
		5. Date of Last Report 02/28/1996	6. Certificate of Status Desired ☐ \$0.75 Additional Fee Requested
7. Name and Address of Current Registered Agent KTG & S REGISTERED A, GENT CORPORATI 1401 BRICKELL AVE SUITE 700 MIAMI FL 33131		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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	BUBNOW, VICTOR	15495 EAGLE NEST LANE SUIT MIAMI LAKES FL	300002171773--8 -05/08/97--01118--001 ****407.50 ****203.75 MWB
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), 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: 		Victor Bubnow	2/1/97 305-824-0250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date	Daytime Phone #