

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jul 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 849904 (8)
1. Corporation Name
SPARTACUS LIMITED INCORPORATION

Principal Place of Business
PO BOX N-4843
NASSAU BA
US

Mailing Address
PO BOX N-4843
NASSAU BA
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/07/1981	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 98-0048775	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent FILLOY, JOSEPH M CPA NEW WORLD TOWER, STE. 700 100 NORTH BISCAYNE BLVD. MAIMI FL 33132				10. Name and Address of New Registered Agent 81 Name: DONALD CAMPBELL, representing LBI MANAGEMENT (CAYMAN) LTD. 82 Street Address (P.O. Box Number is Not Acceptable) 83 P.O. BOX N-4843, KING AND GEORGE ST. NASSAU, CAYMAN ISLANDS 84 City: NASSAU, CAYMAN ISLANDS FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOBBY B. BROWN	1.2 NAME	DONALD CAMPBELL, representing
STREET ADDRESS	PO BOX N-4843, KING & GEORGE ST.	1.3 STREET ADDRESS	LBI MANAGEMENT (CAYMAN) LTD.
CITY-ST-ZIP	MAIMI FL 33132	1.4 CITY-ST-ZIP	P.O. BOX N-4843, KING AND GEORGE ST. NASSAU, CAYMAN ISLANDS
TITLE	D DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL DONALD G	2.2 NAME	GEORGE KNOWLES representing
STREET ADDRESS	P. O. BOX N-4843, KING & GEORGE ST.	2.3 STREET ADDRESS	LBI MANAGEMENT (CAYMAN) LTD.
CITY-ST-ZIP	NASSAU BA	2.4 CITY-ST-ZIP	P.O. BOX N-4843, KING AND GEORGE ST.
TITLE	D DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARON COLEBROOK	3.2 NAME	SHARON COLEBROOK representing
STREET ADDRESS	P. O. BOX N-4843, KING & GEORGE ST.	3.3 STREET ADDRESS	LBI MANAGEMENT (CAYMAN) LTD.
CITY-ST-ZIP	NASSAU BA	3.4 CITY-ST-ZIP	P.O. BOX N-4843, KING AND GEORGE ST.
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	500002604235
STREET ADDRESS		5.3 STREET ADDRESS	-07/31/98--01071--004
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***150.00
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied in 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 or Supplemental Annual Report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the registered agent or a person trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an addition with an address.

SIGNATURE

CR2E034 (10/97)

PE
7.30

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SPARTACUS LIMITED INCORPORATION
P.O. BOX N4843
NASSAU, BAHAMAS

Tel: (242) 322-8711
Fax: (242) 322-8719

28th July 1998

Division of Corporations
Annual Report Section
P.O. Box 1500
Tallahassee Fl. 32302-1500
U.S.A

Dear Sirs,

Re: Spartacus Limited Incorporation CC-129

Please find enclosed herewith cheque # DC 426074 in the amount of \$150.00 representing payment of filing fee for Spartacus Limited Incorporation.

Please acknowledge receipt of this cheque by signing and returning a copy of this letter.

Yours sincerely,



Authorized Signatories
For and on behalf of
LBI Management (Cayman) Ltd.
Director