


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		 FLORIDA DEPARTMENT OF STATE Katherine Harris <i>Secretary of State</i> DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 92 APR -5 AM 11:28																	
FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE																					
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L93000000433 RESOURCES INTERNATIONAL LIMITED COMPANY P.O. BOX 550642 FT. LAUDERDALE FL 33355			1a. Principal Place of Business Address P.O. BOX 550642 FT. LAUDERDALE FL 33355																		
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 12/10/1993 3a. State of Formation FL 4. FEI Number 65-0480020 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 07/30/1998 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																	
7. Name and Address of Current Registered Agent NOVICK, MARTA C 10404 NW 7TH CT. PLANTATION FL 33324			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 FL																		
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 _____																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">10. Title</th> <th style="width: 30%;">Managing Members/Managers</th> <th style="width: 30%;">Business Street Address</th> <th style="width: 30%;">City, State and Zip Code</th> </tr> </thead> <tbody> <tr> <td>MGRM</td> <td>WING, EMMA CHANG</td> <td>6990 GLENEAGLE DR.</td> <td>MIAMI LAKES FL</td> </tr> <tr> <td>MGRM</td> <td>NOVICK, MARTA C</td> <td>10404 NW 7TH CT.</td> <td>PLANTATION FL</td> </tr> <tr> <td>MGRM</td> <td>CHANG, ELSA</td> <td>10404 NW 7TH CT.</td> <td>PLANTATION FL</td> </tr> </tbody> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGRM	WING, EMMA CHANG	6990 GLENEAGLE DR.	MIAMI LAKES FL	MGRM	NOVICK, MARTA C	10404 NW 7TH CT.	PLANTATION FL	MGRM	CHANG, ELSA	10404 NW 7TH CT.	PLANTATION FL
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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: <u>Marta Novick</u> <u>Elson Novick</u> <u>4/2/99</u>																					