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

FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State FILED 1997 DIVISION OF CORPORATIONS 97 MAR -5 AM 10: 17 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee **FILING FEE** Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 203.75 Name and Mailing Address of Limited Liability Company SECRETARY OF STATE **DOCUMENT #**L94000000183 TALLAHASSEE FLORIDA

1a. Principal Place of Business Address R & W TRADING, L.C. mwR 9725 CRESTVIEW ST. N. 9725 CRESTVIEW ST. N. SEMINOLE FL 34642 33772 SEMINOLE FL 34642 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation D4/27/1994 FL Suite, Apt #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2365470 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip . Country \$8.75 Additional Fee Required 05/01/1996 8. Name and Address of New Registered Agent 7. Name and Address of Current Registered Agent Name LOCASTRO, RICHARD 9725 CRESTVIEW STREET N Street Address (P.O. Box Number is Not Acceptable) SEMINOLE FL 34642 Suite, Apt. #, etc. 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 _ (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) City, State and Zip Code 10. Title Managing Members/Managers **Business Street Address** MGR LOCASTRO, RICHARD 9725 CRESTVIEW ST. N. **SEMINOLE FL** 11. Ido 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Daytime Phone #