
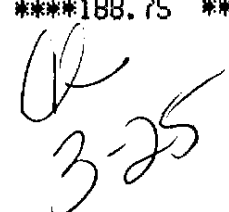


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
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 # L94000000411	
INCOMP ELECTRONICS USA, L.C. 4731 W. ATLANTIC AVENUE B13 DELRAY BEACH FL 33445		1a. Principal Place of Business Address  4731 W. ATLANTIC AVENUE B13 DELRAY BEACH FL 33445	
2. Principal Place of Business		3a. State of Formation	
Suite, Apt. #, etc.		FL	
City & State		4. FEI Number	
Zip		65-0514413	
Country		5. Date of Last Report	
		04/18/1997	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office	
FELDMAN, MICHAEL J 500 NE SPANISH RIVER BLVD SUITE 205 BOCA RATON FL 33431		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
MGMB	FULTON, DRAKE	2519 N. OCEAN BLVD., APT.	BOCA RATON FL
MGMB	HAIMAGYI, JOSEPH	H-2120 DUNAKESZI FO UT 35	BUDAPEST HUNGARY
			000002471120--2 -03/27/98--01089--015 ****188.75 ****188.75 

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: 

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

Date

Daytime Phone #