File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE FILED SECRETARY OF STATE DIVISION OF CORPORATIONS LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 APR 26 AM 10: 21 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE DOCUMENT # 194000000411 Name and Mailing Address
of Limited Liability Company 1a. Principal Place of Business Address INCOMP ELECTRONICS USA, L.C. 4731 W. ATLANTIC AVENUE 4731 W. ATLANTIC AVENUE **B13** B13 DELRAY BEACH FL 33445 DELRAY BEACH FL 33445 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 08/23/1994 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 65-0514413 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country \$6.75 Additional Fee Required 03/24/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office FELDMAN, MICHAEL J 1) va Ke 500 NE SPANISH RIVER BLVD SUITE 205 Wlitary Trail 4324 BOCA RATON FL 33431 Suite, Apt. #, etc. 4324 Zip Code 33436 beach 9. Pursuant to the provisions of Sections 608 416 and 608.508, Florida Statules, 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 agei nd accept the oblig SIGNATURE DATE Appointment) (NOTE Projectional Agent signature required when remote trip 10. Title **Business Street Address** City, State and Zip Code Managing Members/N anagers **MGMB** FULTON, DRAKE 2519 N. OCEAN BLVD., APT. BOCA RATON FL MGMB HAIMAGYI, JOSEPH H-2120 DUNAKESZI FO UT 35 BUDAPEST HUNGARY 00|0002858280---04/30/99 - 01076 --002 \*\*\*\*188.75 \*\*\*\*188.7S 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), Fiorida 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 ex acute 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: