


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 Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<div style="text-align: center;">FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</div> 98 JUL 30 PM 3:37													
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%;">FILING FEE \$ 188.75</td><td colspan="5">Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE</td></tr></table>						FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE										
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 O.R. TRADING LIMITED COMPANY 2550 N.W. 72 AVE. SUITE 110 MIAMI FL 33122				DOCUMENT # L94000000551													
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 10/11/1994 4. FEI Number 65-0544959 5. Date of Last Report 02/24/1997													
		3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>													
7. Name and Address of Current Registered Agent NODAL, BENJAMIN 717 PONCE DE LEON BLVD. SUITE 228 CORAL GABLES FL 33134			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code 33134														
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>																	
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%;">10. Title</td><td style="width: 30%;">Managing Members/Managers</td><td style="width: 30%;">Business Street Address</td><td style="width: 30%;">City, State and Zip Code</td></tr><tr><td></td><td>MGRM DE OLIVEIRA, ORSINE R</td><td>520 BRICKELL KEY DR #716</td><td>MIAMI FL</td></tr><tr><td></td><td>MGRM DE OLIVEIRA, IOMAR R</td><td>520 BRICKELL KEY DR #716</td><td>MIAMI FL</td></tr></table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code		MGRM DE OLIVEIRA, ORSINE R	520 BRICKELL KEY DR #716	MIAMI FL		MGRM DE OLIVEIRA, IOMAR R	520 BRICKELL KEY DR #716	MIAMI FL
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				000002608740-- 3 -08/06/98--01003--002 ****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 attachment with an address. required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an

attachment with an address.

SIGNATURE: Orsine Oliveira **PARTNER** **ORSINE OLIVEIRA** **04-17-98** **(305) 639-9880**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #