File on or before May 1, 1998 or Limited Liability Company will be subject to a S LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE FILED Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** 98 SEP 11 PH 2: 20 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee SECRETARY OF STATE Make Check Payable To: FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA Name and Mailing Address of Limited Liability Company **DOCUMENT #** L95000000024 1a. Principal Place of Business Address D.E.T. CARD, L.C. 15495 Eagle Nest Lane Suite #120 Miami Lakes, FL 33014 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 15495 Eagle Nest Lane 15495 Eagle Nest Lane 1/10/95 Florida Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Suite #120 Suite #120 Applied For City & State 65-0544729 City & State Not Applicable Miami Lakes, FL Miami Lakes, FL 5. Date of Last Report 6. Certificate of Status Desired Country Country 33014 \$8.75 Additional Fee Required US 33014 UC 5/1/97 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office KTG&S REGISTERED AGENT CORPORATION KTG&S REGISTERED AGENT CORPORATION 1401-Brickell-Avenue Street Address (P.O. Box Number is Not Acceptable) Suite-#700 100 S.E. 2nd Street Miami,-FL-33131 Suite, Apt. #, etc. 28th Floor City Zip Code Miami 33131 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 agont, or both, jo the State of Floridg. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agen), and accept the obligation SIGNATURE! 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR 15495 Eagle Nest Lane #120 Miami Lakes, FL 33014 Victor Bubnow MEM D.E.T. CARD, INC. 15495 Eagle Nest Lane #120 Miami Lakes, FL 33014 **80**000263**9**798--6 ****588.75 ****588.75 11. Ido hereby certify that the information supplied with this filling 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

Mictor Bubnow, Manager

SIGNING MANAGENG MEMBER OR MANAGER

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