File on or before May 1, 1999 or Limited Liability Company will be 'subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 50 HAY 12 AH 9: 14 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 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 15495 EAGLE NEST LANE -SUITE-120 SUITE-120 MIAMI-LAKES FL 33014 MIAMI LAKES FL 33014 C/o Mare Averbech c/o Marc Averbach 3. Date Organized or Qualified 3a. State of Formation Principal Place of Busi 201 S. Bisrayne Blud. 01/10/1995 FL4. FEI Number Applied For 65-0544729 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired \$8.75 Additional Fee Required 09/11/1998 US. 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent Name KTOES REGISTERED AGE, NT CORPORATION Marc H. Averbach, Esq. at Address (P.O. Box Number is Not Acceptable) 100 S.E. 2ND STREET, 28TH FLOOR MIAMI FL 33:31 201 S. Biscayne Blud. 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 agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations. 10. Title **Business Street Address** City, State and Zip Code Managing Members/Managers 7100 W. Camino Real # 300 Boca Raton, FL 33433 MGR BUBNOW, VICTOR 15495 EAGLE NEST LANE #120 MIAMI LAKES FL 15495 EAGLE NEST LANE #120 MEM D.E.T. CARD, INC. MIAMI LAKES FL Boca Raton, FL 33433 7100 W. Camino Real # 300 5000002887925---7 -05/27/99 --01009--024 \*\*\*\*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 of trusted empowered to expect 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

SIGNATURE:

INHSE 10 R (12-98)