File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS 98 APR 29 PH 3: 10 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 #** L95000000033 1a. Principal Place of Business Address INSIGHT MATTERS, L.C. 555 N.E. 34TH STREET 555 N.E. 34TH STREET SUITE 2407 SUITE 2407 MIAMI FL 33137 MIAMI FL 33137 3s. State of Formation 3. Date Organized or Qualified Principal Place of Busines NE 3414 Street 555 NE 344 Street 01/12/1995 4. FEI Number Suite, Apt. #, etc. Applied For Not Applicable 65-0555923 5. Date of Last Report 6. Certificate of Status Desired 58-75 Anditional Fee Required 09/18/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office GOLDSTEIN, DAVID M 100 S.E. 2ND STREET Street Address (P.O. Box Number Is Not Acceptable) SUITE 2750 MIAMI FL 33131 Suite, Apt. #, etc. Zip Code FL 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. (Hogsstored Agen) Accepting Appointment) (NOTE, Registered Agent signature required when reinstating) Managing Members/Managers **Business Street Address** 10. Title City, State and Zip Code MOR WESTSTRATE, MARINUS A 770 CLAUGHTON ISLAND MIAMI FL MET 300002512363--6 -05/06/98--01008--005\_ \*\*\*\*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 ampowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an

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

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