File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 MAY - 3 AM 10: 34 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # L95000000135** 1a. Principal Place of Business Address U.S. KOLON EXPORT LIMITED COMPANY 7400 NW 7 ST., #105 7400 NW 7 ST., MIAMI FL 33126 MIAMI FL 33126 2 Principal Place of Business 3. Date Organized or Qualified 2a. Mailing Address 3a. State of Formation 02/17/1995 FL. Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0556629 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country \$8.75 Additional Fee Required 03/02/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office SAMAAN, GEORGE 7400 NW 7 ST., #105 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33126 Suite Ant. # etc. City Zip Code 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, DATE 3/3//99 Someon Pictric 2 SIGNATURE Agent signature required when her stating? City, State and Zip Code 10. Title Managing Members/Managers **Business Street Address** MANAGA-SAMAAN, GEORGE 7400 NW 7 ST., #105 MIAMI FL MWA GEPPRADO, FRANCISCO S 7400 NW 7 ST., #105 MIAMI FL MANAGO ABBOUD, ABDUL 7400 NW 7 ST., #105 MIAMI FL 2**0**0002868122---05/07/99--01135--001 \*\*\*\*188.75 \*\*\*\*188.75

11. Ido hereby certify that the information supplied with this filing dees not equilify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther 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

NAME OF SIGNING MANAGING MEMBER OF MANAGER

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attachment with an address.

SIGNATURE: