
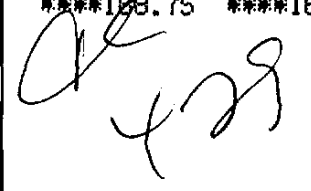


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

| | | | | | |
|--|---------------------------|--|--|--|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1998 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | FILED 50 APR 29 PM 4:09 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| 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 | | DOCUMENT # L95000000141 | | 1a. Principal Place of Business Address | |
| INNOVATIONS INTERNATIONAL INDUSTRIES, L.C. 5017 TAMIAMI TRAIL EAST NAPLES FL 33962 | | | | 5017 TAMIAMI TRAIL EAST NAPLES FL 33962 | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Organized or Qualified | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 02/17/1995 | |
| City & State | | City & State | | FL | |
| Zip | | Country | | 4. FEI Number | |
| | | | | 65-0564881 | |
| | | | | 5. Date of Last Report | |
| | | | | 05/02/1997 | |
| 7. Name and Address of Current Registered Agent | | 8. Name and Address of New Registered Agent/Office | | | |
| WOLFE, DAVID L 500 FIFTH AVE. SOUTH SUITE 509 NAPLES FL 33940 | | Name VICTOR E. MATHURIN Street Address (P.O. Box Number is Not Acceptable) 5017 TAMIAMI TR. E. Suite, Apt. #, etc. City NAPLES Zip Code FL 34113 | | | |
| 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 <u>Victor E. Mathurin</u> DATE <u>4/27/98</u> <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-instating)</small> | | | | | |
| 10. Title | Managing Members/Managers | Business Street Address | | City, State and Zip Code | |
| MGRM | MATHURIN, VICTOR | 5017 TAMIAMI TRAIL EAST | | NAPLES FL | |
| MGRM | MANOS, DAVID | 26914 WEST 12 MILE ROAD | | SOUTHFIELD MI | |
| MGRM | WATSON, AMOS D. | P.O. BOX 98502 | | LAS VEGAS NV | |
| 300002516403--6 -05/08/98--01004--006 ****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 execute 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: Victor E. Mathurin

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

4/27/98 941-598-1226

Date

Daytime Phone #