


**FILE NOW: Fee after May 1, will be \$588.75**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**  
 97 FEB 17 PM 2:25  
 SECRETARY OF STATE  
 FLORIDA

<b>FILING FEE</b>	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
<b>\$ 203.75</b>	<b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #L95000000376**

VGS SYSTEMS ENGINEERING FLORIDA L.C.  
~~9133 BAYWARD COURT~~  
 ORLANDO FL 32819

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

1a. Principal Place of Business Address

~~9133 BAYWARD COURT~~  
 ORLANDO FL 32819

*MWB*

2. Principal Place of Business 7680 REPUBLIC DRIVE Suite, Apt. #, etc. SUITE # 170 City & State ORLANDO, FL Zip 32819 Country USA	2a. Mailing Address 7680 REPUBLIC DRIVE Suite, Apt. #, etc. SUITE # 170 City & State ORLANDO, FL Zip 32819 Country USA	3. Date Organized or Qualified 05/16/1995	3a. State of Formation FL
		4. FEI Number 69-3314159	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report 06/14/1996	6. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required

7. Name and Address of Current Registered Agent SIMMONS, CLEATOUS J 215 NORTH EOLA DRIVE OPLANDO FL 32801	8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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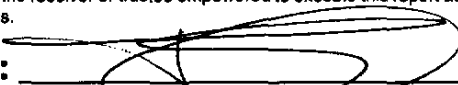
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	MORO, PAOLO	45 MARESFIELD GARDENS	HAMPSTEAD NW3 STE ENG
MGRM	GANNA, RODOLFO	<del>VIA TARVISIO 7</del> 9133 BAYWARD COURT	<del>MILANO ITALY</del> ORLANDO, FL 32819

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 \*\*\*\*203.75 \*\*\*\*203.75

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:**  **RODOLFO GANNA** 2/12/97 407.370.2900

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

Date Daytime Phone #