

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

98 APR 22 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L95000000424

MOTOR SERVICE INTERNATIONAL, L.C.
1992 ARVIS CIRCLE, E.
CLEARWATER FL ~~34624~~ 33764

1a. Principal Place of Business Address
1992 ARVIS CIRCLE, E.
CLEARWATER FL 34624

| | | | | | |
|--------------------------------|---------|---------------------|---------|--------------------------------|---|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Organized or Qualified | 3a. State of Formation |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 06/07/1995 | FL |
| City & State | | City & State | | 4. FEI Number | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country | 59-3323775 | 5. Date of Last Report |
| | | | | 04/14/1997 | 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/> |

7. Name and Address of Current Registered Agent

MOUSSA, WADID
1992 ARVIS CIR., EAST
CLEARWATER FL 34624

8. Name and Address of New Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
100002504301 - - 8
Suite, Apt. #, etc. 04/29/98-01006-014
***188.75 ***188.75
City 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 _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
|-----------|---------------------------|-------------------------|--------------------------|
| M | WEIHER, DIETMAR | HAUSDORFF STR. 55 | 53129 BONN - GERMANY |
| M | MOUSSA, WADID | 1992 ARVIS CIRCLE, E. | CLEARWATER FL |

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: *Wadid Moussa* - Moussa, Wadid 4-18-98 (813)538-9265
SIGNATURE AND TYPE (I) OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #