


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
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 INTERMYPs SYSTEMS, L.C. 4160 W. 16TH AVE. SUITE 402 HIALEAH FL 33012		DOCUMENT # L95000000495	
2. Principal Place of Business 848 Brickell Ave Suite 1220 Miami, FL 33131		2a. Mailing Address 4160 W. 16TH AVE. SUITE 402 HIALEAH FL 33012	
3. Date Organized or Qualified 06/27/1995		3a. State of Formation FL	
4. FEI Number 65-0590336		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 04/03/1998		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent VALDES, JUAN E ESQ. 4160 W. 16TH AVE. SUITE 402 HIALEAH FL 33012		8. Name and Address of New Registered Agent/Office Pedro Pablo Pirela 848 Brickell Ave Suite 1220 Miami FL 33131	
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 obligation. SIGNATURE <i>Pedro Pirela</i> DATE 05-11-99 <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when renewing)</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	LANZAFAME, ALFIO	4160 W. 16TH AVE.	HIALEAH FL
MGRM	DE ROTACHE, AITOR	4160 W. 16TH AVE.	HIALEAH 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: <i>Alfio Lanzafame</i> 04/23/99 (305) 374-4448 <small>SIGNATURE AND TYPE (OR PRINTED NAME) OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #</small>			