

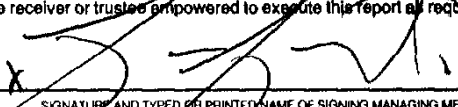


**FILE NOW: Fee after May 1, will be \$588.75**

FILED

97 APR 14 PM 2:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company		<b>DOCUMENT #</b> L95000000617			
ELECTRICAL SYSTEMS INTERNATIONAL, L.C. 2890 N.W. 79TH AVENUE MIAMI FL 33172		1a. Principal Place of Business Address  2890 N.W. 79TH AVENUE MIAMI FL 33172			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/10/1995	
City & State		City & State		FL	
Zip		Zip		4. FEI Number	
33122		33122		55-0606226	
Country		Country		5. Date of Last Report	
				02/14/1996	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent			
<del>KTC&amp;S REGISTERED AGENT, INC CORPORATION</del> <del>100 S.E. 2ND STREET</del> <del>MIAMI FL 33131</del>		Name <b>Truxton, Gregg S.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2121 Ponce De Leon Blvd.</b> Suite, Apt. #, etc. <b>1035-600</b> City <b>Coral Gables.</b> FL Zip Code <b>33134</b>			
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 <b>4/8/97</b>			
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	AZOUT, JACK	2890 N.W. 79TH AVENUE		MIAMI FL	
MGR	DEL SAITO, PATRICIA J	2890 N.W. 79TH AVENUE		MIAMI FL	
				600002143566--8 -04/15/97--01054--004 ****203.75 ****203.75  JB 4-14-97	
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: 		(305) 591-5000			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Jack Azout		Date Daytime Phone #	