


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 <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
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 <b>ELECTRICAL SYSTEMS INTERNATIONAL, L.C. 2890-N.W.--79TH- AVENUE MIAMI-FL-33122</b>		DOCUMENT # L95000000617	
2. Principal Place of Business 8095 N.W. 64 Street Suite, Apt. #, etc. City & State <b>Miami, Florida</b> Zip 33166 Country USA		2a. Mailing Address 8095 N.W. 64 Street Suite, Apt. #, etc. City & State <b>Miami, Florida</b> Zip 33166 Country USA	
3. Date Organized or Qualified 08/10/1995		3a. State of Formation FL	
4. FEI Number 65-0606226		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
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 <b>TRUXTON, GREGG S 2121 PONCE DE LEON BLVD. 600 CORAL GABLES FL 33134</b>		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. <b>400002511934</b> City <b>FL</b> 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 _____ (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
MGR	AZOUT, JACK	2890-N.W.--79TH- AVENUE	MIAMI-FL
MGR	DEL-SALTO, PATRICIA-J AZOUT-DEL SALTO, PATRICIA J.	2890-N.W.--79TH- AVENUE 8095 N.W. 64 Street * *(As to both)	MIAMI-FL Miami, Florida 33166
<b>received</b> 3-1-98			
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: _____		4/28/98 (305) 591-5900	
SIGNATURE AND TYPE IN OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	