LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE		SECRETARY OF	STATE LA		
ANNUAL REPORT Secretary of State  1998  Olivision of Corporations		of State	secretally of STATE DIVISION OF CORPORATIONS  98 MAR -2 AM 9: 54		
	le To: FLORIDA DEPARTME	NT OF STATE	30 tikit - 2 mi	J. 34	
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L9500000760			1a. Principal Place of Business	s Address	
D M B SYSTEMS, L.C. 6722 N.W. 72ND AVENUE MIAMI FL 33166			6722 N.W. 72ND AVENUE MIAMI FL 33166		
Principal Place of Business 2a. Mailing Address			3. Date Organized or Qualified	3a. State of Formation	
Suite, Apt. #, etc.	pt. #, etc. Sulte, Apt. #, etc.		10/11/1995 4. FEI Number	FI. Applied For	
City & State	City & State		65-0646877 6. Date of Last Report	Not Applicable  6. Certificate of Status Desired	
Zip Country  7. Name and Address of Cur		untry	02/14/1997 Name and Address of New Reg	S8 75 Additional Fee Required	
its registered office or registered agent, or both, in the State of Florida. Such change was at as registered agent, and accept the obligations.  SIGNATURE  (Registered Agent signature)  (Registered Agent signature)		Suite, Apt. #, etc.  City Mi & e above-named limited s authorized by affirme	Street Address (P.O. Box Number le Not Acceptable)  7860 CAMINO REAL APLIO9  Suite, Apt. #, etc.  LIO9  City MIAMI FL 33/43  bove-named limited liability company submits this statement for the purpose of changing authorized by affirmative vote of a majority of the members. I hereby accept the appointment  DATE 02/24/98		
10. Title Managing Members/Managers Business		iness Street Address	Cít	y, State and Zip Code	
MCR MARTINO, JOSE -	ł	. 72ND AVI N.W. 72ND	ma'im Buchava	ļ	
11. I do hereby certify that the information supplied indicated on this annual report is true and accurate.			ection 119.07(3) (i), Florida Statute	s. I further certify that the information	

SIGNATURE:

02/24/98 305-8832995 Date Daytime Phone #