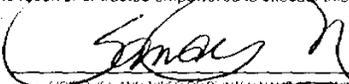


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAR 10 AM 10:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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 DOCUMENT # I95000000916 MULTI VISIONS L.C. 2655 NW 29TH ST BOCA RATON FL 33434		1a. Principal Place of Business Address 2655 NW 29TH ST BOCA RATON FL 33434			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		2a. Mailing Address 21218 St. Andrews Blvd Suite, Apt. #, etc. # 158 City & State BOCA RATON, FL Zip 33433		3. Date Organized or Qualified 11/27/1995 3a. State of Formation FL 4. FEI Number 59-3349290 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Date of Last Report 03/24/1998 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent PELLINGRA, ALAN 1 BOCA PLACE, SUITE 319-A 2255 GLADES RD BOCA RATON FL 33431			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 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 _____		
<small>(Signature of Agent Accepting Appointment) (If the Registered Agent is a corporation, the date is the date of the meeting of the board of directors.)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MEM	BEPLINSKI, SANDRA	2655 NW 29TH ST		BOCA RATON FL	
MEM	BEPLINSKI, HANSRUEDI	2655 NW 29TH ST		BOCA RATON FL	
100002811361 -03/19/99--01009--022 ****188.75 ****188.75 SL 3-17-99					
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: 			Feb 23, 1999 852-2981		