
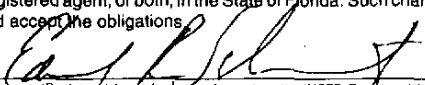
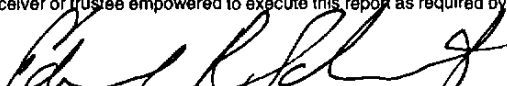


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 FEB 17 AM 8:26 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT #L96000000047 INTERNATIONAL SOFTWARE SOLUTIONS USA, L.C. 500 AUSTRALIAN AVE., SOUTH SUITE 100 WEST PALM BEACH FL 33401		1a. Principal Place of Business Address 500 AUSTRALIAN AVE., SOUTH SUITE 100 WEST PALM BEACH FL 33401			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 01/11/1996 3a. State of Formation FL 4. FEI Number 65-0632231 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required	
7. Name and Address of Current Registered Agent SCHAET, ED 500 AUSTRALIAN AVE., SOUTH SUITE 100 WEST PALM BEACH FL 33401		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code			
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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	KRUG-BASSE, PHILIPPE-C	ZA DUE PRE MILLIET, BP 12		38330 MONTBONNOT, FRA	
MGRM	FAVIER, PIERRE	ZA DUE PRE MILLIET, BP 12		38330 MONTBONNOT, FRA	
MGRM	LE BYHAN, YANNICK	ZA DUE PRE MILLIET, BP 12		38330 MONTBONNOT, FRA	
				700002092307--7 -02/19/97--01085--009 ****203.75 ****203.75 JB2-18-97	
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #					