LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				SECRETARY OF STATE DIVISION OF CORPORATIONS 99 APR - I AH 8: 28			
\$ 188.75 Make Check Payable To: FLORII Name and Mailing Address of Limited Liability Company DOCUMENT							
1 5 S	, - 5,	OFTWARE AVE., SO	SOLUTIONS USA, L.C JTH		18. Principal Place of Business Address 500 AUSTRALIAN AVE., SOUTH SUITE 100 WEST PALM BEACH FL 33401		
2 Principal Place of Business 2a. Mailir			ng Address		3. Date Organize	d or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suito Ar	Suite, Apt. #, etc.		01/11/1996 FL		FL
Suite, Apr. #, etc.		Suite, Ap	Suite, Apr. W. etc.		4. FEI Number Applied For		
City & State		City & St	City & State		65-0632231 Not Applicable		
Ζφ	Country	Zip	Cou	ntry	5. Date of Last R		6. Certificate of Status Desired
					03/09/1		S8 75 Additional Fee Required
7. Name and Address of Current Registered			Agent	Name	Name and Address	of New Hegis	tered Agenvonice
its registere as registere	nt to the provisions of Sections 60t ed office or registered agent, or both ed agent, and accept the obligatio	i, in the State of Flo	3, Florida Statules, the orida Such change was	City above-named limited s authorized by affirma	tive vote of a majority	FL bmits this state of the member	zip Code ment for the purpose of changins s. I hereby accept the appointmen
SIGNATUR	(Regulered Agent Ac		NETE BOJ SOCIA And Esign	ness Street Address	" 1		State and Zip Code
40 700	Managing Members/Ma	inagers	Busi	ness Sireer Address		City	State and Zip Code
10. Title			1				
	FAVIER, PIERRE		ZA DUE P	RE MILLIE	r, BP 12	38330	MONTBONNOT, F
MGRM	FAVIER, PIERRE LE BYKAN, YANN		Ì	RE MILLIE	·		MONTBONNOT, FI
MGRM	·		Ì		т, вр 12	38330 CICIO 21 -04/17	·
MGRM	·	ICK	ZA DUE P	RE MILLIE	T, BP 12	38330 CHCHC) 27 -04/17 *****1	MONTBONNOT, F 1836827- 193901131-020 188.75 ****188.7