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

LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State FILED 1997 DIVISION OF CORPORATIONS 97 APR 21 AM 9: 16 **FILING FEE** Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1 Name and Mailing Address of Limited Liability Company IL MONDO TRAINING AND SERVICE COMPANY, L.C SECRETARY OF STATE 1a. Principal Place of Business Address 61 N.E. 3RD AVENUE 61 N.E. 3RD AVENUE DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a 3. Date Organized or Qualified 2 Principal Place of Business 2a. Mailing Address 3a. State of Formation D3/18/1996 FL Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For N-31 0230-2A City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country 88.75 Additional Fee Required 7. Name and Address of Current Registered Agent B. Name and Address of New Registered Agent Nama PARISH, LAWRENCE 61 N.E. 3RD AVENUE Street Address (P.O. Box Number is Not Acceptable) DEERFIELD BEACH FL 33441 Suite, Apt. #, etc. City 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 (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstaling) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR PARISH, LARENCE 61 N.E. 3RD AVENUE DEERFIELD BEACHG FL MGR\$330 N.W. 38TH PLACE, HARB CORAL SPRINGS FL UROSIO, FRANCISCO 400002150314---04/22/97--01033--015 ****203.75 ****203.75 11. Ido 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

92 Y

INHSE10 R(12-96)

attachment with an address.

SIGNATURE:

Tarish

SIGNATURE AND TYPEU OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

gan ren ce