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

LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT FILED Secretary of State 1997 DIVISION OF CORPORATIONS 97 MAY 27 PM 12: 50 FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE 1. Name and Mailing Address DOCUMENT #L96000000581 TALLAHASSEE, FLORIDA of Limited Liability Company 1a. Principal Place of Business Address GLOBAL GUARDIAN LEASING, L.C. 100 S. BISCAYNE BLVD 100 S. BISCAYNE BLVD SUITE 911 SUITE 911 MIAMI FL 33131 MIAMI FL 33131 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 05/20/1996 FЬ Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 65-0668386 City & State City & State Not Applicable 6. Certificate of Status Desired Country Zip Country sti Zir Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent Name ROBLES, LOUIS S 100 S. BISCAYNE BOULEVARD Street Address (P.O. Box Number is Not Acceptable) SUITE 900 000002196830---0 MIAMI FL 33131 Suite, Apt. #, etc. -05/30/97---01126---001 ****203.75 ****203.75 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 reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR ROBLES, LOUIS S 00 S. BISCAYNE BOULEVARD, MIAMI FL

11. Ido hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i), Fiorida 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:

CANTURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMPER OR MANAGER DAILO DOLO Degrino