
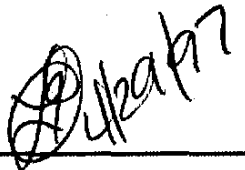


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	FILED 97 APR 28 PM 1:18 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 COMPUTER STAFFING SERVICES, L.C. 2875 NE 191ST ST SUITE 802 AVENTURA FL 33180		DOCUMENT # L96000000663 1a. Principal Place of Business Address 2875 NE 191ST ST SUITE 802 AVENTURA FL 33180		
<small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.</small>				
2. Principal Place of Business 1111 Crandon Blvd. Suite, Apt. #, etc. A608 City & State Key Biscayne FL. Zip 33149 Country U.S.		2a. Mailing Address 1111 Crandon Blvd. Suite, Apt. #, etc. A608 City & State Key Biscayne FL. Zip 33149 Country U.S.		3. Date Organized or Qualified 06/01/1996 3a. State of Formation FL 4. FEI Number 65-06639JB 5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> Additional Fee Required
7. Name and Address of Current Registered Agent LEONE, CHARLES P JR 2875 NE 191ST ST SUITE 802 AVENTURA FL 33180		8. Name and Address of New Registered Agent Name CARLOS MINETTI Street Address (P.O. Box Number is Not Acceptable) 1111 CRANDON BLVD. Suite, Apt. #, etc. A608 City KEY BISCAINE Zip Code FL 33149		
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 <i>C. Minetti</i>		DATE 4/25/97		
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>				
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	
MGRM	MINETTI, CARLOS	1111 CRANDON BLVD A608	KEY BISCAINE FL	
MGRM	LEONE, CHARLES P JR	710 WASHINGTON ST #222 2899 COLLINS AVE #535	MIAMI BEACH FL	
MGRM	MANCINI, ALDO	855 SW 173RD AVE	PEMBROKE PINES FL	
300002167463--2 -05/06/97--01072--013 ****203.75 ****203.75 				
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: <i>C. Minetti</i>		4/25/97 305 361-6147		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>		<small>Date Daytime Phone #</small>		