


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 APR 20 AM 10:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1 Name and Mailing Address of Limited Liability Company DOCUMENT # L96000000683 TELEPHONETICS OVERSEAS, L.C. 4330 NW 207TH STREET #101 MIAMI FL 33055		1a. Principal Place of Business Address 4330 NW 207TH STREET #101 MIAMI FL 33055			
2 Principal Place of Business 20801 BISCAYNE BLVD. Suite, Apt. #, etc. 406 City & State AVENTURA, FL Zip 33180		2a. Mailing Address 20801 BISCAYNE BLVD. Suite, Apt. #, etc. 406 City & State AVENTURA, FL Zip 33180		3. Date Organized or Qualified 06/24/1996 3a. State of Formation FL 4. FEI Number 58-2245923 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Country U.S.		Country U.S.		5. Date of Last Report 04/20/1998 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent SIRACUSA, JOHN G 4330 NW 207TH STREET #101 MIAMI FL 33055			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 20801 BISCAYNE BLVD. Suite, Apt. #, etc. 406 City AVENTURA FL		
Zip Code 33180			Zip Code 33180		
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 _____ <small>(Registered Agent Accepting Appointment) (If Not Registered Agent, Sign as a Board Member or Officer)</small>				DATE _____	
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	CHASON, MARK	105 KENVILLE ROAD		BUFFALO NY	
MGR	MANEVICH, VIVIAN	4330 N.W. 207TH DRIVE 20801 BISCAYNE BLVD, #406		MIAMI FL AVENTURA, FL 33180	
500002853695-0 -04/27/99-01073-022 ****188.75 ****188.75 <i>4/16/99</i>					
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>Vivian Manevich</i> - VIVIAN MANEVICH <i>4/16/99</i> (305) 931-4232					