


2nd and
FINAL NOTICE: File on or before Sept. 30, 1998 or Limited Liability Company will be dissolved. If dissolved, minimum amount due to reinstate: \$688.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
98 AUG 17 PM 4: 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE \$ 588.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L96000000932

POWER SYSTEMS INTERNATIONAL, L.L.C.
ONE S. OCEAN BLVD., STE. 324
BOCA RATON FL 33432

1a. Principal Place of Business Address
ONE S. OCEAN BLVD., STE. 324
BOCA RATON FL 33432

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/04/1996	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Country		65-0714275	
				5. Date of Last Report	6. Certificate of Status Desired
				05/29/1997	\$8.75 Additional Fee Required <input type="checkbox"/>

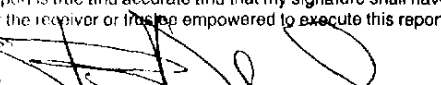
7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
TANEN, JEFFREY S ONE BISCAYNE TOWER SUITE 3250 2 S BISCAYNE BLVD MIAMI FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) 300002620083--9 Suite, Apt. #, etc. -08/19/98--01080--001 ***\$588.75 ***\$588.75 City Zip Code FL

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 _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	CHURBUCK, THOMAS K	ONE S. OCEAN BLVD., STE. 3	BOCA RATON FL
MGRM	AGARDY, BRUCE	ONE S. OCEAN BLVD., STE. 3	BOCA RATON FL
MEM	CAGGIANI, DANIEL E	7669 CEDAR HURST CT.	LAKE WORTH FL
MEM	CAGGIANI, CARLOS A	23149 BOCA CLUB COLONY CIR	BOCA RATON FL

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:  Bruce D. Agardy
MGRM
8/12/98 (Sd) 392-1778
Date Daytime Phone #