



File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

305 541 3770 P.04/84

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee <b>\$ 188.75</b> Make Check Payable To: <b>FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company <b>DELTA MANAGEMENT INTERNATIONAL L.C.</b> <b>16500 NW 2ND AVENUE</b> <b>NORTH MIAMI, FL 33169</b>		<b>DOCUMENT # L96000000981</b>	
2. Principal Place of Business <b>10775 CARIBBEAN BLVD.</b> Suite, Apt. #, etc.		2a. Mailing Address <b>16500 NW 2ND AVENUE</b> Suite, Apt. #, etc.	
City & State <b>MIAMI, FL</b>		City & State <b>NORTH MIAMI, FL</b>	
Zip <b>33189</b>	Country <b>USA</b>	Zip <b>33169</b>	Country <b>USA</b>
3. Date Organized or Qualified <b>08/13/96</b>		3a. State of Formation <b>FL</b>	
4. FEI Number <b>65-0698221</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report <b>1998</b>		6. Certificate of Status Desired \$8.75 Additional Fee Required <input checked="" type="checkbox"/>	
7. Name and Address of Current Registered Agent <b>NANCY E. CROWN, P.A.</b> <b>7251 W. PALMETTO PARK RD.</b> <b>STE 200</b> <b>BOCA RATON, FL 33433</b>		8. Name and Address of New Registered Agent/Office Name <b>TERRY MUGHAR</b> Street Address (P.O. Box Number is Not Acceptable) <b>16500 NW 2ND AVENUE</b> Suite, Apt. #, etc. City <b>NORTH MIAMI</b> <b>FL</b> Zip Code <b>33169</b>	
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 <input checked="" type="checkbox"/> 		DATE <b>4/29/98</b>	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when renewing)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	<b>TERRY MUGHAR</b> <b>MANAGING PARTNER</b>	<b>16500 NW 2ND AVENUE</b>	<b>NORTH MIAMI, FL 33169</b>

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: 

4/29/98

(305) 945-2422