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

LIMITED LIABILITY COMPANY ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State 1998 DIVISION OF CORPORATIONS 98 MAY - 1 PM 2: 00 FILING FEE | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address
of Limited Liability Company DOCUMENT # L96000000993 1a. Principal Place of Business Address R & D TECHNOLOGIES, L.C. 18139 S.W. 3RD STREET 18139 S.W. 3RD STREET PEMBROKE PINES FL 33029 PEMBROKE PINES FL 33029 2. Principal Place of Business 3. Date Organized or Qualified 3a. State of Formation 09/20/1996 4. FEI Number FL Applied For City & State City & State Not Applicable 65-0696143 5. Date of Last Report 6. Certificate of Status Desired Country Ζip Country Zip S8 75 Additional Fee Required 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent DIAZ, HECTOR J 18139 S.W. 3RD STREET Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PINES FL 33029 Sulte, Apt. #, etc. 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) (NOT) Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM DIAZ, ELENA N 18139 S.W. 3RD STREET PEMBROKE PINES FL MGRM DIAZ, HECTOR J 18139 S.W. 3RD STREET PEMBROKE PINES FL MGRM ROSS, PHIL E 38780 DODDS LANDING WILLOGHBY OH MGRM ROSS, SUSAN G 38780 DODDS LANDING WILLOUGHBY OH 800002516088--0 -05/07/98--01115--010 \*\*\*\*188.75 \*\*\*\*188.75

11. Ido 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 true legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or true legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or true legal effect as if made under oath; that I am a managing member or manager of the attachment with an address.

**SIGNATURE:**