


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

**APPROVED
AND
FILED**

1997 FEB 14 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | |
|--|---|---|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

| | |
|--------------------------------|---|
| 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 DOCUMENT # L96000001241 STAT AUDITING SOFTWARE, L.C. 156 ALMERIA AVENUE #202 CORAL GABLES FL 33134 |
|--|

| |
|--|
| 1a. Principal Place of Business Address 156 ALMERIA AVENUE #202 CORAL GABLES FL 33134 |
|--|

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

| | | |
|---|--|---|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | 2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country | 3. Date Organized or Qualified 1/20/1996 3a. State of Formation FL 4. FEI Number 65-0714309 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 FELUREN, MARK S ONE FINANCIAL PLAZA SUITE 1500 FORT LAUDERDALE FL 33394 | 8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code |
|---|--|

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

| | | | |
|-----------|---------------------------|--------------------------|---|
| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
| MGRM | ANTON, XAVIER | 156 ALMERIA AVENUE, #202 | CORAL GABLES FL |
| | | | 000002090070--0 -02/17/97--01167--009 ****203.75 ****203.75 |
| | | | XSP 2/14/97 |

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: XAVIER ANTON 2/10/97 305-4445495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #