


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 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 APR -9 AM 8:11 # 4/13	
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 # L96000001262		1a. Principal Place of Business Address	
XSTASIS, L.C. 9191 FONTAINEBLEU BLVD. #12 MIAMI FL 33172				9191 FONTAINEBLEU BLVD. #12 MIAMI FL 33172	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
4071 Laguna ST.		4071 Laguna ST.		11/27/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. State of Formation	
				FL	
City & State		City & State		4. FEI Number	
Coral Gables, FL		Coral Gables, FL		65-0719593	
Zip		Zip		5. Date of Last Report	
33146		33146		05/20/1997	
Country		Country		6. Certificate of Status Desired	
USA		USA		88.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office	
HOYT, TIM 9191 FONTAINEBLEU BLVD. #12 MIAMI FL 33172				Name Street Address (P.O. Box Number is Not Acceptable) 4071 Laguna ST. Suite, Apt. #, etc. City Coral Gables FL Zip Code 33146	
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. (Agent unchanged)					
SIGNATURE <u>Tim Hoyt</u> DATE <u>Apr. 2, 1998</u> <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
✓ MGRM	HOYT, TIM	9191 FONTAINEBLEU BLVD. 4071 Laguna ST.		MIAMI FL Coral Gables, FL 33146	
✓ MGRM	FOSTER, DAVID	1825 CLAREMONT DRIVE 4071 Laguna ST.		BOISE ID Coral Gables, FL 33146	
✓ MGRM	MENON, JAYKUMAR	189 CLAREMONT AVE #52 4071 Laguna ST.		NEW YORK NY Coral Gables, FL 33146	
				600002408756--8 -04/14/98--01097--025 ***188.75 ***188.75	

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (f), 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: Tim Hoyt DATE: Apr. 2, 1998 305-461-3336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #