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 24 AM 11:33

FILING FEE	Annual Report $100.00 + $88.75 Corporation Supplemental Fee
$ 188.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

DOCUMENT # L97000000312

1. Name and Mailing Address of Limited Liability Company
Open Systems, L.L.C.
~~14004 SW 90 Terrace~~
~~Miami, FL 33186~~

1a. Principal Place of Business Address

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
1451 W. Cypress Creek Rd	1451 W. Cypress Creek Rd.	3/7/97	FL
Suite, Apt. #, etc.: Suite 300	Suite, Apt. #, etc.: Suite 300	4. FEI Number: 65-0774062	☐ Applied For ☐ Not Applic
City & State: Ft. Lauderdale, Florida	City & State: Ft. Lauderdale, Florida	5. Date of Last Report	6. Certificate of Status Desir
Zip: 33309 Country	Zip: 33309 Country		

7. Name and Address of Current Registered Agent

Florida Incorporators, Inc.
1221 Brickell Ave. Ste. 900
Miami, FL 33131

8. Name and Address of New Registered Agent/Office

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 chang 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 appointm 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
MEM	Garcia, Eduardo	1451 W. Cypress Creek Rd. Suite 300	Ft. Lauderdale, FL 33309

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****188.75 ****188.75

11. I/We 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 informat 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 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 attachment with an address.

SIGNATURE: Eduardo Garcia, Managing Member 4/16/98 (954) 489-2767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #