			1, 1998 or LATE FEE		l Liability	Com	pany will be	• -		in the second se	
ANNUAL REPORT							ENT OF STATE  ortham  State	FILED			
1998 DIVISION OF CORPORATIONS									98 MAR 16 PM 4: 00		
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE								SECRETATION OF STATE			
1. Name of Limi	and Malling Ad- ted Liability Cor	ress npany	DOCU	MENT	# L970	000	00446	]			
FUTURE MICROWAVE SYSTEMS, L.C. 1751 NW 79TH AVE MIAMI FL 33126								1a. Principal Place of Business Address  1751 NW 79TH AVE  MIAMI FL 33126			
2. Principal Place of Business 2a. Mai					Ing Address			3. Date Organiz	ed or Qualified	3a. State of Formation	
Suite, Apt. #, etc.					t. #, etc.			04/23/1 4. FEI Number	997	FI. Applied For	
City & State City &					State			,	49276	Not Applicable	
Zip	Country			Zip Cour			гу	5. Date of Last Report		6. Certificate of Status Desired \$8.75 Adultional Fee Required	
7. Name and Address of Current Registered Agent							8. Name	Name and Addres	s of New Regis	tered Agent/Office	
SUITI MIAM:	YNE  131  Hons of Stered as	BLVD Sections 608.416 agent, or both, in the				Sulte, Apt. #, etc. City	s (P.O. Box Number is Not Acceptable)  etc. 200024626325 -03/19/9801113001 *****137.50  FL  ited liability company submits this statement for the purpose of changing mative vote of a majority of the members. I hereby accept the appointment				
_	red agent, and	accept th	he obligations.								
SIGNATURE (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstalling								9)	DATE		
10. Title	itle Managing Members/Managers				Business Street Address			<del></del>	City, State and Zip Code		
MGR MGR	THOMPSON, MICHAEL  AREVALO, AUGUSTO  Gragory Paul: Karl				1751 NW 79TH AVE 1751 NW 79TH AVE 1761 NW 79TH AVE				MIAMI MIAMI MIAMI		
R.	Pie Cerolina Rodriguez				, ,			•	MIAMI, FLORIDA		
MER	Richa	Richard Anderson			1751	NW	79TH AVE		MIAMI, FLORIDA		
,										3-11	

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. Hurther 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:

Date Dayling Phone #

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