
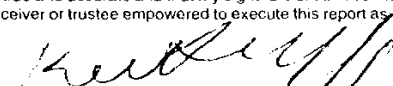


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
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 # L97000000705			
ARONON TRADING, LC 5500 GLADES RD., #200 BOCA RATON FL 33486 33431		1a. Principal Place of Business Address 5500 GLADES RD., #200 BOCA RATON FL 33486 33431			
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified 06/27/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. State of Formation FL	
City & State		City & State		4. FEI Number 22-3525564 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Date of Last Report 08/07/1998	
Zip		Country		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office	
UNITED CORPORATE SERVICES, INC. 801 NORTHEAST 167TH STREET SUITE 300 N MIAMI BEACH FL 33162				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 _____				DATE _____	
(Registered Agent Accepting Appointment) (If Not, Registered Agent Signature Required with Company)					
10. Title Managing Members/Managers		Business Street Address		City, State and Zip Code	
MGRM ARNOFF, KEITH		6624 NW 99TH AVE.		PARKLAND FL	
300002804703-- -03/12/99--01097--019 ****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) (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: 					
SIGNATURE AND TITLE OF PRINCIPAL OFFICER OR SERVICE MANAGER (NAME, TITLE, ADDRESS, CITY, STATE, ZIP CODE)					