FILING FEE Annual Report \$100.00 ± \$88.75 Corporation Supplemental Fee 188.75 Make Check Psyable To: FLORIDA DEPARTMENT OF STATE 1 Name and Making Address DOCUMENT # L97000000705  ARONON TRADING, LC 5500 GLADES RD., #200 BOCA RATON FL 33486 3343  2 Principal Pack of Business 2a. Making Address 3 Date Organized or Outlited 3 As State of Formation 06/27/1997 FL  Applied For City & State City & State City & State City & State 7 Country 7 State 7 Country 8 Date Organized or Outlited 7 Name and Address of New Registered Agent Office Royal State 7 Name and Address of New Registered Agent Office Royal State Royal Royal State Roya	LIMITED LIABILITY COMPANY ANNUAL REPORT 1999  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS						STAR THE STATE STAR TO CORRORATIONS 90 MATERIA MILLS 09		
ARONON TRADING, IC 5500 GLADES RD., \$200 BOCA RATON FL 33486- 3343/  2 Principal Place of Business	\$ 188.75	Make Check Payab	e To: FLORIE	A DEPAR	MENT OF STAT	ee E			
Side Agriculture of Business   2a. Mailing Address   2a. Mailing A	1 Name and of Limited L	Mailing Address Liability Company	UMENT	# 1970	00000705				
Suite, Apt #, etc.  Country	55	OO GLADES PD	#2NN	343/		5500 G	LADES R	D., #200 33486_	
Suite, Apit #, etc.    Suite, Apit #, etc.	Principal P	lace of Business	2a. Mailin	ig Address				(	n n
To Country	Suite, Apt. #, 6	elc.	Suite, Apt.	Suite, Apt. #, etc.				l	od For
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  Site of Address (P.O. Box Number is Not Acceptable) Suite. Apr #, etc.  City  FL  City  City  FL  City  State and Zp Code  MGRM ARNOFF, KEITH  City	City & State	<del></del>	City & State			22-352	22-3525564 Not Applicable		
Name Street Address (P.O. Box Number is Not Acceptable)  Suite 300  N MIAMI BEACH FL 33162  Suite. Apt #, etc  City  FL  Zip Code  P. Pursuant to the provisions of Sections 608.416 and 608 508. Florida Statutes, the above-named limited tiability company submits this statement for the purpose of change its registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointmas registered agent, and accept the obligations.  SIGNATURE    Its   Managing Members/Managers   Business Street Address   City, State and Zip Code	Žip	Country	Zip		Country	<u>l</u>	•	l	
UNITED CORPORATE SERVICES, INC. 801 NORTHEAST 167TH STREET SUITE 300 N MIAMI BEACH FL 33162  Suite. Apt v. etc  City  FL  Zip Code  City  FL  Zip Code  City  FL  Inc.  B. 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 changes are rejustered agent, or both, in the State of Florida Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointmant requires a requirement agent, and accept the obligations.  SIGNATURE  TO Title  Managing Members/Managers  Business Street Address  City, State and Zip Code  PARKLAND FL  ARKLAND FL  ARK		7. Name and Address of Cur	rent Registered A	igent	<u>'                                    </u>	8. Name and Addres	s of New Regis	tered Agent/Office	
0. Title Managing Members/Managers Business Street Address City, State and Zip Code  MGRM ARNOFF, KEITH 6624 NW 99TH AVE.  PARKLAND FL  1. Ido hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3) (i), Florida Statutes I further certify that the information does not a supplied with this filling does not qualify for the exemption stated in Section 119 07(3) (i), Florida Statutes I further certify that the information does not a supplied with this filling does not qualify for the exemption stated in Section 119 07(3) (i), Florida Statutes I further certify that the information does not a supplied with this filling does not qualify for the exemption stated in Section 119 07(3) (i), Florida Statutes I further certify that the information does not a supplied with this filling does not qualify for the exemption stated in Section 119 07(3) (i), Florida Statutes I further certify that the information does not qualify for the exemption stated in Section 119 07(3) (ii), Florida Statutes I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3) (ii), Florida Statutes I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3) (ii), Florida Statutes I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3) (ii), Florida Statutes I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3) (ii), Florida Statutes I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3) (ii), Florida Statutes I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3) (ii) Florida Statutes I further certify that the information supplied with this filling does	s registered ( is registered	office or registered agent, or both, i agent, and accept the obligations	n the State of Flori	Florida Statute da. Such chan	s, the above-named li	firmative vote of a majori	ubmits this state ty of the member	ement for the purpose of	f changing opointmen
MGRM ARNOFF, KEITH  6624 NW 99TH AVE.  PARKLAND FL  -03/12/990109701  ****188.75 *****189		(Regetered Agent Acre		off Bug derca Age		of start	,		
30002804703-01097-01 ****188.75 ****188.75 ****188.75 ****188.75 ****188.75 ****188.75 ****188.75 *****188.75 *****188.75 *****188.75 *****188.75 *****188.75 *****188.75 *****188.75 *****188.75 *****188.75 *****188.75 *****188.75 *****188.75 *****188.75 *****188.75 ******188.75 ******188.75 ******188.75 ******188.75 ******188.75 ******188.75 ******188.75 ******188.75 *******188.75 *******188.75 *******188.75 ************************************	Q. Title	Managing Members/Man	agers		Business Street Add	ress	City	, State and Zip Code	
If Jido 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 dicated 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	MGRM A	ARNOFF, KEITH		6624 1	VA HTEE WI				3 019 *188.3
attachment with an address	ndicated on th Imited liability	his annual report is true and accur company or the receiver or truste	ate and that my si	gnature shall f	save the same legal eff	ect as if made under oat	n, that I am a ma	naging member or man	ager of the