
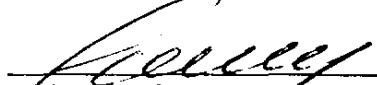


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 MAY 11 PM 12:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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 # L97000000746		1a. Principal Place of Business Address	
HARVARD VENTURE CAPITAL GROUP LLC 1591 E ATLANTIC BLVD SUITE 200 POMPANO BEACH FL 33060				1591 E ATLANTIC BLVD SUITE 200 POMPANO BEACH FL 33060	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/09/1997	
City & State		City & State		FL	
Zip		Country		4. FEI Number	
				N/A	
				5. Date of Last Report	
				6. Certificate of Status Desired	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				58.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office	
INTERNATIONAL COMPAN, Y SERVICES (US 1591 E ATLANTIC BLVD SUITE 200 POMPANO BEACH FL 33060				Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City	
				600002522666--7 -05/14/98--01004--015 ***1132-50 ***188.75 FL	
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) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	DEBROSKEY, HAROLD	60 MARKET SQUARE		BELIZE CITY BELIZE	
MGRM	MADINA, ANGEL	60 MARKET SQUARE		BELIZE CITY BELIZE	
MGRM	DEBROSKEY, HAROLD	60 MARKET SQUARE		BELIZE CITY BELIZE	
MGR	KANDAS PROPERTIES LI,	60 MARKET SQUARE		BELIZE CITY BELIZE	
MGRM	LASSWADE ENTERPRISES,	60 MARKET SQUARE		BELIZE CITY BELIZE	
MGRM	KANDAS PROPERTIES LI,	60 MARKET SQUARE		BELIZE CITY, BELIZE	
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: 		4/27/98 954-943-1498			
SIGNATURE AND TYPE (OR PRINTED NAME) OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #			