
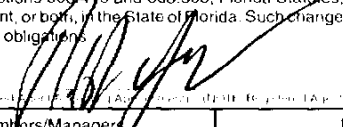
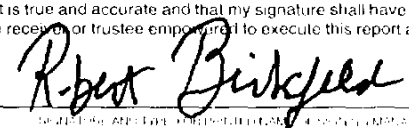


before May 1, 1999 or Limited Liability Company will be a \$ 400.00 LATE FEE.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 MAY 10 AM 10:30

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		DOCUMENT # L97000001174	
1. Name and Mailing Address of Limited Liability Company I.C.B. LATINOAMERICA, L.C. 9752 SW SANTA MONICA DRIVE PALM CITY FL 34990		1a. Principal Place of Business Address 9752 SW SANTA MONICA DRIVE PALM CITY FL 34990	
2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	10/21/1997	FL
City & State	City & State	4. FEI Number	<input type="checkbox"/> Applied For
Zip	Country	APPLIED FOR 65-0504787	<input type="checkbox"/> Not Applicable
		5. Date of Last Report	6. Certificate of Status Desired
		05/29/1998	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name ROBERT L. SCHWEIGER Street Address (P.O. Box Number is Not Acceptable) 9752 SW Santa Monica Drive Suite, Apt. #, etc. City Palm City FL Zip Code 34990	
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 2-22-99	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	BIRKFELD, ROBERT	1680 S.W. BAYSHORE BLVD.	PORT ST. LUCIE FL
MGR	ZIEGLER, ROBERT	492 NORRISTOWN ROAD	BLUE BELL PA
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: 		4/30/99	