


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 SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAR 30 PM 3: 27 #412	
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 B S & T INTERNATIONAL DEVELOPMENT L.C. C/O TJM 201 SOUTH BISCAYNE BLVD., 1600 MIAMI CENTR MIAMI FL 33131		DOCUMENT # L97000001236		1a. Principal Place of Business Address C/O TJM 201 SOUTH BISCAYNE BLVD., 16 MIAMI FL 33131	
2. Principal Place of Business 7280 W. Palmetto Park Rd. Suite, Apt. #, etc. Suite 307N City & State Boca Raton Zip 33433 Country USA		2a. Mailing Address same Suite, Apt. #, etc. same City & State same Zip same Country same		3. Date Organized or Qualified 11/05/1997 3a. State of Formation FL 4. FEI Number 65-0804999 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent CORPORATION COMPANY, OF MIAMI 201 SOUTH BISCAYNE BLVD. 1600 MIAMI CENTER MIAMI FL 33131		8. Name and Address of New Registered Agent/Office 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) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	KIRTON, WAYNE H	P.O. BOX 1227C, MUSSON BLD		BRIDGETOWN, BARBADOS	
MGR	BYNOE, C D	P.O. BOX 1227C, MUSSON BLD		BRIDGETOWN, BARBADOS	
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11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/25/98

Date

561-347-9320

Daytime Phone #