| File on | or before May 1, 1999 or Limited | d Liability Com | pany will be | ı | | | |
|--|---|------------------------------|--|---|-------------------|----------------------|----------------|
| Subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY ANNUAL REPORT Scoretary of State DIVISION OF CORPORATIONS | | | | FILED | | | |
| FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee | | | | 99 MAR 19 PH 3: 09 | | | |
| 1. Name and Mailing Address of Limited Liability Company 1. Name Liability Company 1. DOCUMENT # L97000001285 | | | | SEGMETAMO OF STACK. TALLAHASSEE, ELORIDA | | | |
| O.G. GEAR USA, L.C. 10219 ALTA VISTA AVENUE #211 TAMPA FL 33647 | | | | 1a. Principal Place of Business Address | | | |
| | | | | 10219 ALTA VISTA AVENUE #211 TAMPA FL 33647 | | | |
| 2 Principal Place of Business 2a. Mailing Address | | | | Date Organized or Qualified 3a. State of Formation | | | |
| 10219 ALTA Vista Aux 10219 Acta Vista Aux Suite, Apt #, etc | | | | 11/17/1997 FL 4. FEI Number | | | |
| # 2 (# 2 () City & State | | | | 65-0798091 Applied For | | | |
| IAMPA FLORIDA TAMPA FLORIDA Zip Country Zip Country | | | | 5. Date of Last Report 6. Certificate of Status Desired | | | |
| 336 | | | SA | 04/06/1 | | \$8.75 Additional Fe | |
| 7. Name and Address of Current Registered Agent 8. N ISICHEI, YOLANDA E | | | | lame and Addres: | s of New Regis | tered Agent/Offic | e |
| 10219 ATTA VISTA AVENUE | | | | P.O. Box Number is Not Acceptable) | | | |
| TAMPA FL 33647 | | | Suite, Apt #, etc | | | | |
| | | | - 03/30/99 01 100~- 006 ciy - *+**1 28 26 36 *** *188. 25 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. | | | | | | | |
| SIGNATU | IRE (Bugger and Agent A copining Appointment) | NEILE HE parama Age a Sapara | n mignio disstriction statos q | | DATE OS | 17/99 | |
| | | | ess Street Address | | City, | State and Zip Coo | de |
| MBR | ISICHEI, VINCENT | JOACHIM F | RIEDRICHS | STR.52 | 10711 | BERLIN, | GERMAN |
| MBR | ISICHEI, MARC | JOACHIM F | RIEDRICHS | STR, 52 | 10711 | BERLIN, | GERMAN |
| | | | | | | | |
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| | | | 3.25. | 99 | | | |
| indicated of limited liab | reby certify that the information supplied with this filing on this annual report is true and accurate and that my sillly company or the receiver or trustee empowered to it with an address. | signature shall have the s | same legal effect as i | if made under oath | , thal I am a man | aging member or i | manager of the |

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03/17/99 991-6679

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SIGNATURE: