

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 99 APR 28 AM 9:06

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

1 Name and Mailing Address of Limited Liability Company
DOCUMENT # L97000001358
 CENTRAL EUROPEAN SERVICES LLC
 1591 EAST ATLANTIC BLVD., SUITE 200
 POMPANO BEACH FL 33060

1a. Principal Place of Business Address
 1591 EAST ATLANTIC BLVD., SU
 POMPANO BEACH FL 33060

2 Principal Place of Business
 Suite, Apt #, etc.
 City & State
 Zip Country

2a. Mailing Address
 Suite, Apt #, etc.
 City & State
 Zip Country

3. Date Organized or Qualified
 12/05/1997

3a. State of Formation
 FL

4. FEI Number
 NOT APPLICABLE
 Applied For
 Not Applicable

5. Date of Last Report
 05/11/1998

6. Certificate of Status Desired
 \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
 INTERNATIONAL COMPAN, Y SERVICES (US
 1591 E. ATLANTIC BLVD., SUITE 20
 POMPANO BEACH FL 33060

8. Name and Address of New Registered Agent/Office
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt #, etc.
 City
 Zip Code **FL** *MIA*

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 _____

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	DEBROSKEY, HARRY	1591 E. ATLANTIC BLVD., SU	POMPANO BEACH FL
MGRM	DEBROSKEY, HARRY	60 MARKET SQUARE	BELIZE CIRY, BELIZE

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 ****755.00 ****188.75

AR \$ 100.00
 AR \$ 88.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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]* 4/17/99 954-943-1498