588.75/ File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE SECRETARY OF STATE DIVISION OF CORPORATIONS 98 JUN 12 PM 1: Ln FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address of Limited Liability Company DOCUMENT #1970000 1440 RINGWOOD TRADE LLC PNEWOOD TRADE UC USA CORPORATE SERVICES INC USA CORPORATE SERVICES INC 120 WASHINGTON LAVENNE 170 WASHINGTON AVENUE NY 12210. whereny, USA ALBANY, NY 12210, USA 3. Date Organized or Qualified | 3a. State of Formation 2. Principal Place of Business 2a. Malling Address FLORIDA 24 Dec 1997 Sulte, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country S8.75 Additional Fee Required MA 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name FLORIDA INFORMATION ASSOCIATES INC 2007 WEST INDIANHEAD DRIVE PALLAHASSEZ PL 32301, USA Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 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 pnintment) (NOTE Registered Agent signature required when re-installing) **Business Street Address** 10. Title Managing Members/Managers City, State and Zip Code 60 MARKET GRUARE BEUZE CITY BESIZE 10 BOX 364 SUDDO2565703-6-06/19/98-01121-002 TRADING LTD MGRM MELANDRA ****800.00 ****588.7S 11. I do hereby certify that the information supplied with this filling 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 impowered to expect this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address. SIGNAY FRE AND TYPE D OR PUNTED NAME OF S'GNING MANAGING MEMBER OR MANAGER DAVE DAY DAY DOE DAY DIO 10 4 SIGNATURE: