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 FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY **Katherine Harris** ANNUAL REPORT Secretary of State 99 APR 29 PM 4: 15 1999 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # 198000000393** 1a. Principal Place of Business Address REAL TECH COMPUTER SERVICES, LLC 3615 NORTHEAST 207TH STREET, #3315 3615 NORTHEAST 207TH STREET, AVENTURA FL 33180 AVENTURA FL 33180 3. Date Organized or Qualified 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 03/19/1998 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 65-0823826 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zıp Zip Country \$8.75 Additional Fee Required 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent Name SANTISTEBAN, LUCIO 3615 NORTHEAST 207TH STREET, #3315 Street Address (P.O. Box Number is Not Acceptable) AVENTURA FL 33180 Suite, Apt. #, etc. Zip Code City 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 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. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when heirst ring) City, State and Zip Code Managing Members/Managers **Business Street Address** 10. Title ANORGA, JORGE 3615 NORTHEAST 207TH STREE AVENTURA FL MGRM 2040 GODDARD AVENUE SIMI VALLEY CA MGRM SANTISTEBAN, LUCIO 600002868276----05/07/99--01140--003 ****188.75 ****188.75 11 I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3) (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

Jorge Anorga

SIGNATULE AND TYPEOLOGIPPINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

305-401-4282

Daytme Phone #

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attachment with an address.

SIGNATURE: ¥