File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY **Katherine Harris** ANNUAL REPORT FILED Secretary of State 1999 DIVISION OF CORPORATIONS 00 MPR -5 PH 5: 00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # L98000000500** 1a. Principal Place of Business Address FTA INTERNATIONAL INVESTMENTS, L.C. 3808 HUNTER'S ISLE DRIVE 3808 HUNTER'S ISLE DRIVE ORLANDO FL 32837-5809 ORLANDO FL 32837 3. Date Organized or Qualified 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 04/20/1998 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3506659 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Źιρ Country Country Zip \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name TORATLI, ISMAIL FAZIL 3808 HUNTER'S ISLE DRIVE Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32837 500002840375---1 Suite. Apt. #, etc. -04/15/99 - -01083---001 ****188.75 ****188.75 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 DATE SIGNATURE _ (Registered Agent Addepting Appointment) (AEQL). Registered Agent signature required when record thisp Managing Members/Managers **Business Street Address** City, State and Zip Code 10. Title MEM TOKATLI, ISMAIL FAZIL 3808 HUNTER'S ISLE DRIVE ORLANDO FL MEM TOKATLI, AYDAN SERPIL 3808 HUNTER'S ISLE DRIVE ORLANDO FL 11. Edo hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (ii), 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

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attachment with an address.

SIGNATURE: