LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS				FILED CORPR21 DIE: 00				
								FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1 Name and Malling Address of Limited Liability Company DOCUMENT # L98000000510
or Emilion Endowing Company				1a. Principal Place of Business Address				
TRADING ZONE INTERNATIONAL, L.C. 1896 PALM BEACH LAKES BLVD, SUITE 201 WEST PALM BEACH FL 33409					1896 PALM BEACH LAKES BLVD, WEST PALM BEACH FL 33409			
2 Principal Place of Business	ng Address		3. Date Organized or Qualified		3a. State of Formation			
Suite, Apt. #, etc. Suite,		Apt #, etc.		04/27/1998		FL		
			4. FEI Number Applied For					
City & State	City & S	City & State		65-0830709			Not Applicable	
Zip Country	Zipi	Co	untry	5. Date of Last Report			te of Status Desired onal Fee Required	
7. Name and Address of Curi	ent Registered	i Agent	8.	Name and Address	s of New Regis	tered Agent/	Office	
(flegistined Agent Acre)	h the State of Flo Saykal	nida Such change wa	above-named limited	Im Beach	ibmits this state y of the members	s. I nereby acc	purpose of changing cept the appointment	
10. Title Managing Members/Managers		1	iness Street Address		Ony,	otate tho Eq		
MGRM BAYKAL, MEHMET	1896 PAL	M BEACH L	AKES BLVI	WEST F	ALM B	EACH FL		
MGRM YAHSI, EBUBEKIR	1896 PAI	M BEACH L	AKES BLVI	WEST F	PALM B	EACH FL		
				<u> </u>	10002 -04/30 ****	1859 1/990 188 75	1575 1131021 ****188.75	
11. I do hereby certify that the information supplie indicated on this annual report is true and accural limited liability company or the receiver or trusted attachment with an address. SIGNATURE:	te and that my s	ignature shall have the execute this report as	e same legal effect as	if made under oath, 08, Florida Statutes,	that I am a man, , and that my na	aging membe me appears ii	er or manager of the In Block 10, or on an	