
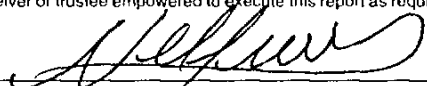


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 MAY 24 AM 11:45	
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 # L98000000534 KALEBAL CONSULTING, L.C. 3930 SOUTH POINTE DRIVE, SUITE 220 ORLANDO FL 32822		1a. Principal Place of Business Address 3930 SOUTH POINTE DRIVE, SUI ORLANDO FL 32822			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address 3842 CURRY FORD RD Suite, Apt. #, etc. City & State Orlando FL Zip Country 32806 U.S.		3. Date Organized or Qualified 04/29/1998 4. FEI Number Applied for it <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent CUEVAS & RUBIN, P.A. 9200 S. DADELAND BLVD., SUITE 603 MAIMI FL 33156			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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature Required When Terminating)</small>		DATE _____			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code		
MGR	SALGADO, NELSON DIAZ	3930 SOUTH POINTE DRIVE, S	ORLANDO FL		
MGR	DE DIAZ, LETTY ALVAREZ	3930 SOUTH POINTE DRIVE, S	ORLANDO FL		
MGR	MARTINEZ, LETTY ALVARE	3930 SOUTH POINTE DRIVE, S	ORLANDO FL		
MGR	MARTINEZ, VICTOR	3930 SOUTH POINTE DRIVE, S	ORLANDO FL		
			200002892422-- -06/02/99-01046-003 ****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 attachment with an address.					
SIGNATURE: _____ 		03/26/99			