


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 99 MAR 22 AM 8:00 TALLAHASSEE, FLORIDA													
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 # L98000000606 AWARE CHEMICALS, L.L.C. 210 S.W. 23RD ROAD MIAMI FL 33129		1a. Principal Place of Business Address 210 S.W. 23RD ROAD MIAMI FL 33129															
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 05/13/1998 4. FEI Number 65-0879278 5. Date of Last Report													
				3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required													
7. Name and Address of Current Registered Agent EVANS, SHELDON P.A. 6175 N.W. 153RD STREET SUITE 215 MIAMI LAKES FL 33014			8. Name and Address of New Registered Agent/Office Name Monica C Fernandez 188.75 Street Address (P.O. Box Number is Not Acceptable) 210 SW 23rd Road Suite, Apt #, etc. City Miami FL Zip Code 33129														
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 <i>Monica C Fernandez</i> DATE 3/18/99 <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent/Agent/Office must be in the state)</small>																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">10. Title</th> <th style="width: 30%;">Managing Members/Managers</th> <th style="width: 30%;">Business Street Address</th> <th style="width: 30%;">City, State and Zip Code</th> </tr> <tr> <td>MGR</td> <td>BOHNES, DIRK</td> <td>19195 MYSTIC POINTE DRIVE,</td> <td>AVENTURA FL</td> </tr> <tr> <td>MGR</td> <td>MANDERSCHIED, KARL</td> <td>50935 COLOGNE</td> <td>GERMANY</td> </tr> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGR	BOHNES, DIRK	19195 MYSTIC POINTE DRIVE,	AVENTURA FL	MGR	MANDERSCHIED, KARL	50935 COLOGNE	GERMANY
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500002828185- - 0 04/02/99--01082--005 ****188.75 ****188.75 <i>dcc</i>																	
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: <i>[Signature]</i> Dirk Bohnes MGR 27.2.99 (305) 935-9280 <small>SIGNATURE AND TITLE OF REGISTERED NAME OF SECRETARY-MANAGING MEMBER OR MANAGER Do Digitized From</small>																	