


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	
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 PROTRADE GROUP, I.C. 2300 WEST SAMPLE ROAD, SUITE 202 POMPAÑO BEACH FL 33073		DOCUMENT # L98000000648			
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 05/21/1998 3a. State of Formation FL 4. FEI Number 65-0836976 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 AMERILAWYER, 343 ALMERIA AVENUE CORAL GABLES FL 33134		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 500002832435--3 -04/07/93--01085--012 ****197.50 ****197.50 FL			
9. Pursuant to the provisions of Sections 608.415 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 _____ DATE _____ <small>(Registered Agent Acceptance Appointment) (NOTE: Registered Agent Signature is required when appointing)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	ARONOFF, KEITH	9265 RUTLEDGE AVENUE, BOCA RATON, FL 6624 NORTHWEST 99TH AVENUE PARKLAND FL			
MGRM	MUTSCHWILLER, DONALD	2 HORSEHILL ROAD		BROOKVILLE NY REMOVE	
MGRM	SHAW, JARED SHAW, CANDACE	9016 VILLA PORTOFINO CIRCL		BOCA RATON FL	
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: KEITH ARONOFF		Date: 3/26/99		Day/Sea Phone #	