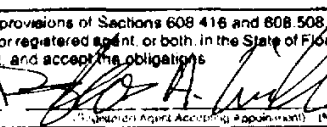
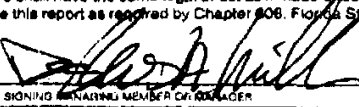


2nd and File on or before Sept. 29, 1999 or Limited Liability Company
FINAL NOTICE: will be dissolved.

LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
ANNUAL REPORT 1999			
FILING FEE \$ 588.75		Annual Report \$100.00 + \$488.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company I.T. PEOPLE SOURCE, LLC 777 BRICKELL AVENUE, SUITE 1112 MIAMI FL		DOCUMENT # L98000000670	
2. Principal Place of Business 208 COSTANERA ROAD Suite, Apt. #, etc.		2a. Mailing Address 208 COSTANERA ROAD Suite, Apt. #, etc.	
3. Date Organized or Qualified 05/26/1998		3a. State of Formation FL	
4. FEI Number 408-64-3274		☐ Applied For ☐ Not Applicable	
5. Date of Last Report NA		6. Certificate of Status Desired ☐	
7. Name and Address of Current Registered Agent MILLER, DOUGLAS A 777 BRICKELL AVENUE, SUITE 1112 MIAMI FL FL		8. Name and Address of New Registered Agent/Office Name: DOUGLAS A. MILLER Street Address (P.O. Box Number is Not Acceptable): 208 COSTANERA ROAD Suite, Apt. #, etc.: City: COREAL GROVES FL Zip Code: 33143	
9. Pursuant to the provisions of Sections 609.416 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:  DATE: 8/31/99 (Signature of Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning.)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	DOUGLAS M. ENTERPRISES	777 BRICKELL AVENUE, SUITE	MIAMI FL
11. I 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 806, Florida Statutes, and that my name appears in Block 10 or on an attachment with an address. SIGNATURE: DOUGLAS A. MILLER  DATE: 8/31/99 305-467-3889 SEAL: 300002989663--3 -09/17/99--01045--011 ****588.75 ****588.75 AL			