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

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE $ 588.75

Annual Report $100.00 + $88.75 Corporation Supplemental Fee + $400.00 Late Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

FILED
99 SEP -7 PM 1:45

1 Name and Mailing Address of Limited Liability Company

DOCUMENT # L98000000670

I.T. PEOPLE SOURCE, LLC
777 BRICKELL AVENUE, SUITE 1112
MIAMI FL

1a. Principal Place of Business Address

777 BRICKELL AVENUE, SUITE 1
MIAMI FL

2 Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
208 Costanera Road	208 Costanera Road	05/26/1998	FL
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number: 468-64-3274	☐ Applied For ☐ Not Applicable
City & State: Coral Gables, FL	City & State: Coral Gables, FL	5. Date of Last Report: NA	6. Certificate of Status Desired ☐
Zip: 33143 Country: USA	Zip: 33143 Country: USA		

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
MILLER, DOUGLAS A 777 BRICKELL AVENUE, SUITE 1112 MIAMI FL FL	Name: DOUGLAS A. MILLER Street Address (P.O. Box Number is Not Acceptable): 208 COSTANERA Road Suite, Apt. #, etc.: City: Coral Gables FL Zip Code: 33143

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: Douglas A. Miller DATE: 8/31/99
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	DOUGLAS M. ENTERPRISES	777 BRICKELL AVENUE, SUITE	MIAMI FL

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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: Douglas A. Miller 8/31/99 305-662-3889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

INTISCTO R (6/99)