

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

588.75 + 8.75

FILED  
99 SEP 21 AM 8:26  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

1 Name and Mailing Address of Limited Liability Company  
DOCUMENT # L98000000715

SUNFIELD INTERNATIONAL LC  
% AMERICAN INCORPORATORS LTD.  
1220 NORTH MARKET STREET, SUITE 606  
WILMINGTON DE 19801

1a. Principal Place of Business Address

% AMERICAN INCORPORATORS LTD  
1220 NORTH MARKET STREET, SU  
WILMINGTON DE 19801

2 Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

06/01/1998

3a. State of Formation

FL

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

☐ See the Additional Fee on the back of this form

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

CORPORATE CREATIONS, ENTERPRISES IN  
4521 PGA BOULEVARD #211  
PALM BEACH GARDENS FL 33418

Name

Street Address (P.O. Box Number is Not Acceptable)

10000299321--8

Suite, Apt. #, etc.

09/28/99--01061--002

\*\*\*\*597.50 \*\*\*\*597.50

City

Zip Code

FL

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

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGRM WORLD FUND, INC.

#302, E. BLDG #34/20, CUBA

PANAMA CITY 5, PANAM

MGRM EURO-AMEX EXCHANGE, IN

#302, E. BLDG #34/20, CUBA

PANAMA CITY 5, PANAM

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 has 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:

SIGNATURE OF FIELD OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #