File on or before May 1, 1999 o subject to a \$ 400.00 LATE FE	or Limite	d Llability	Com	ipany	y will be	•						
LIMITED LIABILITY COMPANY ANNUAL REPORT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State				FILED 99 FEB 24 m							
1999 *	DIVISION OF CORPORATIONS				99 FEB 24 M 9 55							
FILING FEE         Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee           \$ 188.75         Make Check Payable To: FLORIDA DEPARTMENT OF STATE							SEC. TALLER AND ALLER AND ALLER					
1. Name and Mailing Address of Limited Liability Company	UMEN	<b>Г #</b> 1980	0000	007	93							
GENERAL INTERNATIONAL BUSINESS, L.L.C. 200 S.E. 1ST STREET, SUITE 504 MIAMI FL 33131-1906						<ul> <li>Principal Place of Business Address</li> <li>200 S.E. 1ST STREET, SUITE 5</li> <li>MIAMI FL 33131</li> </ul>						
2 Principal Place of Business 2a. M		aiting Address				3. Date Organized or Qualified 38. State of Formation						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				06/12/1998 FL					ĺ	
						4. FEI Number Applied For					For	
City & State	City & S	City & State				.52- 5. Date of		6819		Not App		
Zip Country	Zip		Count	ry		<ol> <li>Date of</li> </ol>	Last H	apon		ate of Status De	_	
7. Name and Address of Curre	ent Registered	d Agent	igent				Name and Address of New Registered Agent/Office					
80 SW 8TH STREET, SU MIAMI FL 33130 9. Pursuant to the provisions of Sections 608.41 its registered office or registered agent, or both, in as registered agent, and accept the obligations. SIGNATURE	6 and 608.508 the State of Fic	3, Florida Statute prida. Such chanç	je was a	City pove-na uthorize	d by affirmati	ive vote of a i	majority	FL broits this state of the member ATE	Zip Code meni for the s Thereby ad	purpose of cha	anging htment	
10. Title Managing Members/Manag	Business Street Address				City, State and Zip Code				2ip Code			
GR BEX, JEAN PIERRE		200 S.E. 1ST STREE				ET, SU	ITE	MIAMI	FL			
GR ALGOUD-BEX, FRANCOISE		200 S.	Ε.	1ST	STREE	T, SU	ITE	MIAMI	FL			
MGR LECHEVALIER, HERVE		200 S.	Е.	1ST	STREE	T, SU	ITE	MIAMI	FL			
								1171(7)( -03/( ****	293 <b>(11)</b> 19799	<b>19</b> 3-0 01095-0 5 ****18	015 38.79	
	·							dec				
11 I do hereby certify that the information supplied indicated on this annual report is true and accurat limited hability company or the receiver or trustee attachment with an address. SIGNATURE:	e and that my s	signature shall ha execute this repo	ave the s orl as red	ame leg quired b	jal effect as i y Chapter 60	f made unde )8, Florida S	er oath; t tatutes;	that I am a mar	naging memb Ime appears	ber or manager s in Block 10, or (	of the	
	NEL CRUTHINED	NAME OF SELENIES AN	n na na Ci	<u>-                                     </u>	NALACI N	LVM		<u> </u>	1 1 1 7 (4		<u>č 9</u> 014	

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