

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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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1 Name and Mailing Address of Limited Liability Company	DOCUMENT # L98000001031
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WINGS CONSULTING GROUP LLC
C/O RICHARD J. BISCHOFF, ESQ.
~~2 SOUTH BISCAYNE BOULEVARD, STE 3400~~
MIAMI FL 33131

1a. Principal Place of Business Address
~~G/O RICHARD J. BISCHOFF, ESQ~~
~~2 SOUTH BISCAYNE BOULEVARD,~~
~~MIAMI FL 33131~~

2 Principal Place of Business 100 S.E. 2nd Street Suite, Apt. #, etc. Twenty-Eighth Floor City & State Miami, Florida Zip 33131 Country USA	2a. Mailing Address 100 S.E. 2nd Street Suite, Apt. #, etc. Twenty-Eighth Floor City & State Miami, Florida Zip 33131 Country USA
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3. Date Organized or Qualified 07/13/1998	3a. State of Formation FL
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report --	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent VALDES-PAULI CORPORATE SERVICES, INC. 2 SOUTH BISCAYNE BOULEVARD, SUITE 3400 ONE BISCAYNE TOWER MIAMI FL 33131	Richard J. Bischoff, Esq. Bischoff & Associates, P.A. 100 S.E. Second Street, Twenty-Eighth Floor Miami, Florida 33131 (305) 357-8458 Phone (305) 539-1307 Facsimile
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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: 9/27/99
(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	BISCHOFF, CONNIE	6500 RIVIERA DRIVE	CORAL GABLES FL 300003007813--0 -10/06/99--01030--008 ****588.75 ****588.75

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:  9-23-99 (305) 667-2444
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #