

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

FILED *WA 10/5*
 99 OCT -5 PM 2:08
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

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 # L98000001031**

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 **2a. Mailing Address**

100 S.E. 2nd Street Suite, Apt. #, etc.
 Twenty-Eighth Floor
 Miami, Florida 33131 USA

100 S.E. 2nd Street Suite, Apt. #, etc.
 Twenty-Eighth Floor
 Miami, Florida 33131 USA

3. Date Organized or Qualified **3a. State of Formation**

07/13/1998 FL

4. FEI Number Applied For
 Not Applicable

5. Date of Last Report **6. Certificate of Status Desired**

-- \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

~~VALDES FAULI CORPORATE SERVICES, II
 2 SOUTH BISCAYNE BOULEVARD, SUITE 3
 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

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: *[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: *[Signature]* 9-23-99 (305) 667-2411
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #