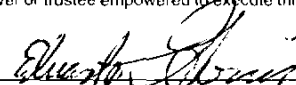


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1 Name and Mailing Address of Limited Liability Company DOCUMENT # L98000001180 COMMSULTNET, L.L.C. 5229 S.W. 140TH PLACE MIAMI FL 33175		1a. Principal Place of Business Address 5229 S.W. 140TH PLACE MIAMI FL 33175	
2 Principal Place of Business 9061 SW 122 Ave. Suite, Apt. #, etc. 102 City & State Miami, FL Zip 33186 Country USA	2a. Mailing Address 9061 SW 122 Ave. Suite, Apt. #, etc. 102 City & State Miami, FL Zip 33186 Country USA	3. Date Organized or Qualified 07/22/1998	3a. State of Formation FL
4. FEI Number 65-0878009		☐ 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 FLORIDA INCORPORATORS, INC. 1221 BRICKELL AVENUE, SUITE 900 MIAMI FL 33131		8. Name and Address of New Registered Agent/Office Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt. #, etc. _____ 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 _____ (Registered Agent Accepting Appointment) (FEE: Registered Agent's report is required when changed of agent)		DATE _____	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	GARCIA, EDUARDO	5229 S.W. 140TH PLACE	MIAMI FL
600002834096-0 -04/08/99--01104--006 ****188.75 ****188.75 C.C.			
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: 		26/3/99	