
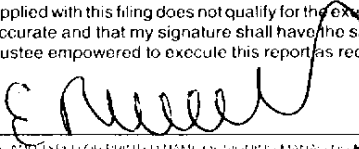


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999			FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	FILED 99 MAY 14 PM 4:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>		
1 Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L98000001708</b>  <b>SKY SAT TELECOMMUNICATIONS GROUP L.C.</b> <b>6555 NW 36 STREET, SUITE 104</b> <b>MIAMI FL 33166</b>		1a. Principal Place of Business Address <b>6555 NW 36 STREET, SUITE 104</b> <b>MIAMI FL 33166</b>		
2 Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified <b>08/21/1998</b> 3a. State of Formation <b>FL</b>
		4. FEI Number <b>65-0866029</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent <b>WAYNE, GEOFFREY M ESQUIRE</b> <b>1001 BRICKELL BAY DR., SUITE 2702</b> <b>MIAMI FL 33131</b>		8. Name and Address of New Registered Agent/Office Name <b>SERGIO BORRAS</b> Street Address (P.O. Box Number is Not Acceptable) <b>1101 Brickell Avenue</b> Suite, Apt. #, etc. <b>800 North tower</b> City <b>Miami</b>		
		Zip Code <b>FL 33131</b>		
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 _____		
(If registered Agent, changing Agent, address) (If FLETC Registered Agent, signature to be printed below)				
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	
MGRM	R.S. TELECOMMUNICATI,	6555 NW 36 STREET, SUITE 1	MIAMI FL	
MGRM	TRUJILLO, LUIS	6555 NW 36 STREET, SUITE 1	MIAMI FL	
MGRM	ESCALERA, LARISA	6555 NW 36 STREET, SUITE 1	MIAMI FL	
MGRM	DIDENKO, OLEG	6555 NW 36 STREET, SUITE 1	MIAMI FL	
200002882432--2 -05/21/99--01072--009 ****188.75 ****188.75 <b>AL APR 19 1999</b>				
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: x 		4/23/99 305-577-8589		