
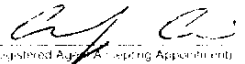
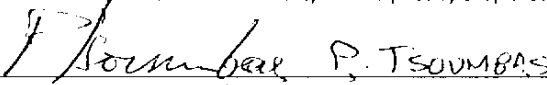


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 APR 30 AM 11:58	
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 FLORIDA PC SOLUTIONS L.C. 5 ISLAND AVENUE, #15B MIAMI BEACH FL 33139		DOCUMENT # L98000001866		1a. Principal Place of Business Address 5 ISLAND AVENUE, #15B MIAMI BEACH FL 33139	
2. Principal Place of Business 19168 SW 126 PL Suite, Apt. #, etc.		2a. Mailing Address ← SAME Suite, Apt. #, etc.		3. Date Organized or Qualified 09/10/1998	
City & State MIAMI FL		City & State		3a. State of Formation FL	
Zip 33186		Country USA		4. FEI Number 65-0864450	
				<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 LEGALMARK CORPORATION, N 4262 NORTHLAKE BLVD., SUITE 1231 PALM BEACH GARDENS FL 33410			8. Name and Address of New Registered Agent/Office Name AHNAF ALI Street Address (P.O. Box Number is Not Acceptable) 19168 SW 126 PL Suite, Apt. #, etc. City MIAMI FL Zip Code 33186		
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 3-20-99 <small>(Registered Agent Accepting Appointment) (If Not, Registered Agent Signature, keep and file with this filing)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	TSOUMBAS, PANAGIOTIS	5 ISLAND AVENUE, #15B		MIAMI BEACH FL	
MGRM	ALI, AHNAF	9032 TIFFANY DRIVE 19168 SW 126 PL		MIAMI FL 33186	
				300000246542981-1 -05/07/99--01127--022 ****188.75 ****188.75	
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:  P. TSOUMBAS 3-20-99 305-259-0167 <small>SIGNATURE AND FULL CORPORIZED NAME OF SIGNING MANAGER OR MEMBER REQUIRED</small>					