
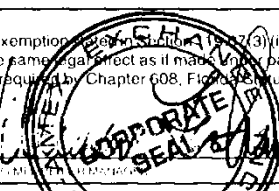


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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 NEOFINANCE LC C/O AMERICAN INCORPORATORS LTD. 1220 NORTH MARKET STREET, SUITE 606 WILMINGTON DE 19801		DOCUMENT # L98000002120 1a. Principal Place of Business Address C/O AMERICAN INCORPORATORS L 1220 NORTH MARKET STREET, SU WILMINGTON DE 19801	
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 10/05/1998		3a. State of Formation FL	
4. FEI Number N/A		<input type="checkbox"/> Applied For <input checked="" 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 CORPORATE CREATIONS , ENTERPRISES IN 4521 PGA BLVD. #211 PALM BEACH GARDENS FL 33418		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 _____ (Date) _____ <small>(Registered Agent Accepting Appointment) (2001: Registered Agent/Supplemental Report on Change of Registered Agent)</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	WORLD FUND, INC.	SUITE 302, EAST BLDG., #34/	PANAMA CITY
MGRM	EURO-AMEX EXCHANGE, IN	SUITE 302, EAST BLDG., #34	PANAMA CITY 5, PANAM
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption under Section 608.416(3)(ii), 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: WILLIAM JOHNSTON  04/21/99			