
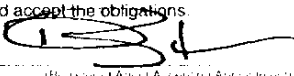

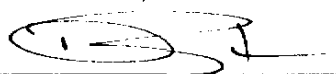


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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|--|--|---|--|---|--|--|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | | FILED APR 20 PM 5:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA | | FILED APR 20 PM 5:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| 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 # L98000002300 POD INTERNATIONAL L.L.C. 3283 GIFFORD LANE MIAMI FL 33133 | | | | 1a. Principal Place of Business Address 3283 GIFFORD LANE MIAMI FL 33133 | | | |
| 2. Principal Place of Business GIFFORD LANE Suite, Apt. #, etc. City & State MIAMI FLORIDA Zip 33133 Country USA | | 2a. Mailing Address 3283 GIFFORD LANE Suite, Apt. #, etc. City & State MIAMI FLORIDA Zip 33133 Country USA | | 3. Date Organized or Qualified 10/19/1998 4. FEI Number 65-0870787 | | 3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Date of Last Report FIRST REPORT | | 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/> | | | | | |
| 7. Name and Address of Current Registered Agent STANHAM, NICHOLAS ESQ FREEMAN BUTTERMAN & HABER 520 BRICKELL KEY DRIVE, SUITE O-305 MIAMI FL 33131 | | | | 8. Name and Address of New Registered Agent/Office Name N/A Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code | | | |
| 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 4/16/99 | | | |
| 10. Title MGRM | | Managing Members/Managers STRONGMAN, DAVID | | Business Street Address 3283 GIFFORD LANE | | City, State and Zip Code MIAMI FL | |
| | | | | | | 900002853059--1 -04/27/99--01048--005 ****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:  | | | | 4/16/99 305-5292578 | | | |