File on or before May 1, 1999 or	Limited	Liability	Com	pany will b	е						
Subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF					FILED						
ANNUAL REPORT Secretary of State DIVISION OF CORPOR						CATES 53 PM (1:00					
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee						S SEAL OF SERVICE					
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000002562											
					1a. Principal Place of Business Address						
GLOBAL GUARDIAN, L.C. 100-S. BISCAYNE BOULEVARD, SUITE #900 MIAMI FL 33131											
2 Principal Place of Business		3. Da	te Organize	ed or Qualified	3a. Sta	te of Fo	mation				
5805 BLUE LAGOON DR 5805 BLUE LA. Suite, Apt. #, etc.			LAGO	ON DR	- 11/02/1998 FL						
ste 136 ste 136 City & State City & State				4. FEI Number				Applied For			
MIAMI FL	MIAMI Zip		FL Country				FLast Report 6. Certificate of Status Desired				
33126 USA	3312)	SA	<u> </u>			\$8.75 Ad	ditional	ee Required	
7. Name and Address of Current Registered Agent Name						. Name and Address of New Registered Agent/Office					
ROBLES, LOUIS S 100 S. BISCAYNE BOULEVARD, SUITE #90				MARIO GONZALEZ Street Address (P.O. Box Number Is Not Acceptable)							
MIAMI FL 33131					5805 BLUE LAGOON DR Suite, Apt. #, etc.						
· L_				ste 136							
				City MIAMI			FL	Zip Cod	e 312	6	
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 changin 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 3/5/99					
10. Title Mapeging Members/Managers			Business Street Address			City, State and Zip Code					
								85.6 /931 88.75	131 0103 **	5 7° 3018 **188.75	
MGR GONZALEZ, MARIO	GR GONZALEZ, MARIO		BLUE	LAGOON	DR,	stel	36 MI	IMA	FL	33126	
MGR COSTA, NELSON	5805	BLUE	LAGOON	DR,	stel	36 MI	AMI	FL	33126		
							1	<i></i>			
11 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:	D OR PRINTED N	AME OF SIGNING		Mario Go	onza	lez,	MGR 3	3/5/9		Phone #	

[NHSE10 R (12-98)