


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
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FILED
 99 MAR 22 PM 12:06
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILING FEE	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company SUMI ENTERPRISES, LLC 2839 U.S. HWY 19 HOLIDAY FL 34691	DOCUMENT # L98000002590
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1a. Principal Place of Business Address 2839 U.S. HWY 19 HOLIDAY FL 34691

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip	3. Date Organized or Qualified 11/05/1998	3a. State of Formation FL
		4. FEI Number X 59-354 1242	<input checked="" 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 DAYAL, SUMITRA 2839 U.S. HWY 19 HOLIDAY FL 34691	8. Name and Address of New Registered Agent/Office Name 188.75 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL
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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 _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when first filing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	DAYAL, SUMITRA	2839 U.S. HWY 19	HOLIDAY FL
MGRM	DAYAL, BHAWAN	2839 U.S. HWY 19	HOLIDAY FL

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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: Sumitra Dayal 3/18/99 727-42-3257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER/MEMBER REQUIRED