
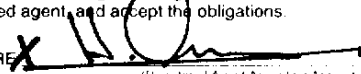





File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 L98000003267 FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		FILED APR 26 PM 5:00 SECRETARY OF STATE	
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 HERNON LATIN AMERICA, L.L.C. 121 TECH DRIVE SANFORD FL 32771		DOCUMENT # L98000003267 1a. Principal Place of Business Address 121 TECH DRIVE SANFORD FL 32771			
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 12/14/1998 3a. State of Formation FL 4. FEI Number 59-3552095 5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent LEFKOWITZ, IVAN M ESQ 430 NORTH MILLS AVENUE ORLANDO FL 32803		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 000002860750-5 Suite, Apt. #, etc. 05/03/99-01131-010 ****188.75 ****188.75 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 4/9/99 (Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature required when re-appointing)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	ARNON, HARRY	121 TECH DRIVE		SANFORD FL	
MGR	OLIVER, LYDA M	1283 S.W. 143RD COURT		MIAMI FL	
  					

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER (MANAGING MEMBER OR MANAGER)

Date

Signature Expires