
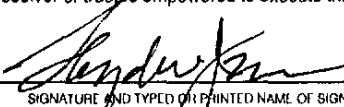


FILE NOW: Fee after May 1, will be \$588.75

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|---|---------------------------|---|--|---|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | FILED 97 MAR 31 AM 9:28 SECRETARY OF STATE TALLAHASSEE FLORIDA | |
| FILING FEE \$ 203.75 | | Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | |
| 1. Name and Mailing Address of Limited Liability Company IFCO-U.S., L.L.C. 5401 W. KENNEDY BLVD., SUITE 760 TAMPA FL 33609 | | DOCUMENT # M96000000089 | | | |
| If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a. | | 1a. Principal Place of Business Address 5401 W. KENNEDY BLVD., SUITE TAMPA FL 33609 | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 2a. Mailing Address Suite, Apt. #, etc. <i>Suite 711</i> City & State Zip Country | | 3. Date Organized or Qualified 03/19/1996 3a. State of Formation DE 4. FEI Number 59-3344620 5. Date of Last Report 1996 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> | |
| 7. Name and Address of Current Registered Agent HUMPHRIES, J. GREGORY ESQ. 201 EAST PINE STREET, SUITE 701 ORLANDO FL 32801 SHUTTS + BOWEN 30 N. ORANGE AVE, STE. 1000 ORLANDO, FL 32801 | | 8. Name and Address of New Registered Agent 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) (NOTE: Registered Agent signature required when re-stating)</small> | | | | | |
| 10. Title | Managing Members/Managers | Business Street Address | | City, State and Zip Code | |
| MGR | JONES, LLOYD W | 5401 W. KENNEDY BLVD., SUI | | TAMPA FL | |
| 6000002129756--3 -04/01/97--01039--008 ****203.75 ****203.75 | | | | | |
| 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:  LLOYD W. JONES 3/26/97 (813) 287-8940 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #</small> | | | | | |