File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY & Sandra B, Mortham FILED ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 MAR 13 PM 4: 00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # M96000000125** 1a. Principal Place of Business Address HUNTER CAPITAL GROUP, L.L.C. P.O. BOX 682547 PARK CITY UT 84068 2064 PROSPECTOR AVE., SUITE PARK CITY OT 84068 3. Date Organized or Qualified | 3a. State of Formation UP Delaware 04/16/1996 4. FEI Number Applied For 87-0546454 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired \$8.75 Additional Lee Required 05/05/1997 7. Name and Address of Current Registered Agent B. Name and Address of New Registered Agent/Office C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number Is Not Acceptable) PLANTATION FL 33324 Sulte, Apt. #, etc. 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 inembers. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstalling 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code 2064 PROSPECTOR AVE., SUIT PARK CITY UT MGRM ABTAHI, SAEED MGRM AMERICAWEST HOLDING, I 2084 PROSPECTOR AVE., SUIT PARK CITY UT

MGRM ABTAHI, SAEED

MGRM ABTAHI, SAEE 17/90-701057--005 ****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.

OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

SIGNATURE: