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

LIMITED LIABILITY COMPANY ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State **DIVISION OF CORPORATIONS**

FILING FEE	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee								
\$ 203.75	Make C	neck Payable To: FLORIC	DA DEPARTMENT OF STATE						
Name and Mai of Limited Liab		DOCUMENT	# 496000000194						
STRON	IG LGL	INTERNATIONAL,	L.L.C.						

RECEIVED JAN 2 3 1997

FILED

97 MAY 12 PM 12: 27

SECRETARY OF STATE

Name and Mailing Address of Limited Liability Company	DOCUMENT #M960	INTENTINGOET TEOLOGY				
1800 N.W. 79T MIAMI FL 3312		1a. Principal Place of Business Address 1800 N.W. 79TH AVENUE MIAMI FL 33126				
Principal Place of Business	2a. Mailing Address	7		3. Date Organized or Qualified	3a. State of Formation	
Suite, Apt, #, etc.	Suite, Apt. #, etc.	Cuito Apt H oto		b6/05/1996	ÞE	
ουιο, Αρι. #, οιυ.	ound, Apr. #, etc.			4. FEI Number	Applied For	
City & State	City & State	City & State		65-0663602	Not Applicable	
Pip Country	Zıp	Country	······································	5. Date of Last Report	8. Certificate of Status Desired Shi/o Additional Lee to quited	
7. Name and Addre	ss of Current Registered Agent			B. Name and Address of New R	egistered Agent	
TRONG, RAY 800 N.W. 79TH AVENUE IAMI FI 33126			Name Street Address (P.O. Box Number is Not Acceptable) Sulte, Apt. ₩, etc. City Zip Code			
Turney to the continue of Sec	tions 608 416 and 608 508. Florida State			FL	,	

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.

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10. Title

(Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) Managing Members/Managers **Business Street Address**

City, State and Zip Code

MGR LENNOX GLOBAL LTD.,

2100 LAKE PARK BLVD.

RICHARDSON TX

MGRM STRONG, RAY 800 N.W. 79TH AVENUE

MIAMI FL

70002178447--6 -05/14/97--01090--002 ****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 empewered 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 SIGNING MANAGING MEMBER OR MANAGER

Daytime Phone #