File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY 98 FEB 25 PM 1: 07 ANNUAL REPORT 1998 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE **DOCUMENT # M97000000317** of Limited Liability Company 1a. Principal Place of Business Address HEMISPHERE KEY CONSULTING, L.L.C. 701 BRICKELL AVENUE, SUITE 3000 701 BRICKELL AVENUE, SUITE 3 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 05/30/1997 4. FEI Number DE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 65-0753264 5. Date of Last Report 6. Certificate of Status Desired Country Country \$8.75 Additional Fre Beguired 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Intrastate Registered Agent Corporation INTRASTATE REGISTERE, D AGENT CORPOR Street Address (P.O. Box Number Is Not Acceptable) 701 BRICKELL AVENUE, SUITE 3000 701 Brickell Ave MIAMI FL 33131 Suite, Apt. #, etc. Suite 3000 City Zip Code Miami 33131 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 stered Agent Corporation SIGNATURE Steven D Property (man problem required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR MOORE, MICHAEL T 701 BRICKELL AVENUE, SUITE MIAMI FL MGR JACOBSON, BERNARD 701 BRICKELL AVENUE, SUITE MIAMI FL MGR FARRAR, R. THOMAS 701 BRICKELL AVENUE, SUITE MIAMI FL 0002445439__0 ~03/03/98~~01046~~019 ****188.75 ****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