File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT Secretary of State 1999 **DIVISION OF CORPORATIONS** 99 MAY -7 MI 9: 42 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #** M9800000335 1a. Principal Place of Business Address AMERICAP LIMITED, L.L.C. 1221 BRICKELL AVENUE, SUITE 900 1221 BRICKELL AVENUE, SUITE MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 04/08/1998 DESuite Apt. #. etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zip Country S8 75 Add-honal Fee Required 7. Name and Address of Current Registered Agent B. Name and Address of New Registered Agent/Office INTRASTATE REGISTERE, D AGENT Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVENUE, SUITE 3000 500002874955--MIAMI FL 33131 05/14/99--01009--002-Suite, Apt. #, etc. ****588.75 ****588.79 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. (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reurs at light 1d Title Managing Members/Managers **Business Street Address** City, State and Zip Code THE SOMERSET GROUP, 1155 CONNECTICUT AVE., SUI WASHINGTON DC MGRM TRUTANIC, RICHARD S 1221 BRICKELL AVE., SUITE MIAMI FL MGRM MILLER, MICHELLE M 1221 BRICKELL AVE., SUITE 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 truegle empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an manue SIGNATURE:

SIGNATURE AND TYPED OFFRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

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