File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 APR 28 PM 4: 20 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 # M98000000604** 1a. Principal Place of Business Address FINART, L.C. 2198 MAIN STREET 2198 MAIN STREET SARASOTA FL 34237 SARASOTA FL 34237 3. Date Organized or Qualified 3a. State of Formation 2. Principal Place of Business 2a. Mailing Address 06/09/1998 OC Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 65-0842715 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Ζip Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office JAENSCH, CHRISTOPHER 2198 MAIN STREET Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34237 800002870258-- 5 -05/11/99--01002--014 ****188.75 *****1**8**8.75 Suite, Apl. #, 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. 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 reinstaling) **Business Street Address** City, State and Zip Code 10. Title Managing Members/Managers RIEGROVA 373, RUDNA 25219 CZECH REPUBLIC ANDEL, TOMAS MGRM RIEGROVA 373, RUDNA 25219 CZECH REPUBLIC MGRM ANDEL, OLDRICH PACOVSKA 961, PRAHA 4, 140 CZECH REPUBLIC MGRM ANDEL, MARTIN 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.

INHSE10 R (12-98)

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Tomas Andel

3/31/99