File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 99 APR -8 PM 2: 03 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 # M98000001400** 1a. Principal Place of Business Address NTI INTERNATIONAL LLC 221 OLD DIXIE HIGHWAY, SUITE 1 221 OLD DIXIE HIGHWAY, SUITE TEQUESTA FL 33469 TEQUESTA FL 33469 3. Date Organized or Qualified | 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 11/19/1998 NJ Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0839224 Not Applicable 6. Certificate of Status Desired Zıp Country Couritry S8 75 Additional Fee Required 7. Name and Address of Current Registered Agent B. Name and Address of New Registered Agent/Office WIERSMA, JACK G 221 OLD DIXIE HIGHWAY, SUITE 1 Street Address (P.O. Box Number is Not Acceptable) TEQUESTA FL 33469 Suite, Apl. #, etc. Zip Code City 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. Thereby accept the appointment as registered agent, and accept the obligations SIGNATURE \_\_ DATE (Registered Age) t Accepting Appointment - (DDTE-16 gestined Agent signation required who in relative 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM NOUVEAU TECHNOLOGIES, 221 OLD DIXIE HIGHWAY, SUI TEQUESTA FL ednan2844836----04/20/99--01035--018 \*\*\*\*188 75 \*\*\*\*188.75 11. Ido 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.

SIGNATURE: