


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		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED 99 MAR 16 PM 4: 33 SECRETARY OF STATE TALLAHASSEE, FLORIDA
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company DOCUMENT # 200486 SKL MEDICAL PRODUCTS, L.C. 8438 N.W. 61ST STREET MIAMI FL 33166		1a. Principal Place of Business Address 8438 N.W. 61ST STREET MIAMI FL 33166	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
		3. Date Organized or Qualified 11/21/1991	
		3a. State of Formation FL	
		4. FEI Number 65-0296327	
		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		5. Date of Last Report 04/06/1998	
		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent SIGARS, L. JANA 5200 BLUE LAGOON DRIVE MIAMI FL 33126		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL 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 _____		DATE March 11, 1999	
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature required when reappointing)</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
M	NETO, MANUEL S.	AV. DOS CARINAS, 525	INDIANOPOLIS, BRAZIL
M	KITABAYSHI, HIROYUKI	AV. PEDRO BUENO, 982	SAO PAULO, BRAZIL
M	SOBRINHO, PAULO L.	AV. PEDRO BUENO, 982	SAO PAULO, BRAZIL
			3000002822668-5 03/29/99 01145-021 ****188.75 ****188.75 3-22-99

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (j), 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: _____ **March 11, 1999 (305) 4062121**

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MEMBER, MEMBER OR MANAGER