


FILE NOW: Fee after May 1, will be \$588.75

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| LIMITED LIABILITY COMPANY ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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|---------------------------------------|---|
| FILING FEE \$ 203.75 | Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE |
|---------------------------------------|---|

1 Name and Mailing Address of Limited Liability Company
DOCUMENT #L92000000060

GOLF PARK, L.C.
 DRAWER 113729
 2 SOUTH BISCAYNE BLVD.
 MIAMI FL 33111-3729

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

1a. Principal Place of Business Address

DRAWER 113729
 2 SOUTH BISCAYNE BLVD.
 MIAMI FL 33111

| | | | | | |
|--------------------------------|---------|---------------------|---------|--------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Organized or Qualified | 3a. State of Formation |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 12/14/1992 | FL |
| City & State | | City & State | | 4. FEI Number | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country | 65-0396935 | 5. Date of Last Report |
| | | | | 05/13/1996 | 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |

7. Name and Address of Current Registered Agent

IBC FIDUCIARY INC.,
 100 S.E. 2ND STREET
 SUITE 2315
 MIAMI FL 33131

8. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, etc. ~~700002163197~~
 City _____
 Zip Code ~~05/02/87-01057-002~~
FL

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 _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
|-----------|----------------------------|---|---|
| MEM | IBC FIDUCIARY INC., | 100 SE 2ND ST #2315 | MIAMI FL |
| MEM | EUROPEAN INVESTMENTS, INC. | INTERNATIONAL CENTER #500 444 Brickell Ave # 51-246 | LUXEMBOURG, EUROPE L Miami, FL |
| MEM | STILLEX CORP., | 723 RIDEAU RD. | CALGARY, ALBERTA CA |
| MEM | CANADIAN FUNDS, INC. | 95 MITCHELL AVE. 1602 ALTON ROAD # 100 | TORONTO, ONTARIO CA MIAMI BEACH, FL 33139 |
| MEM | HAINZL, JURGEN | HEERSTRASSE 201 ALTPINCHELSDORF | 13595 BERLIN, GERMANY |

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.

SIGNATURE: IBC FIDUCIARY Inc.
 By: LUCILLE SMEJDA April 22, 1997 (305)358-9991