


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 <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

99 APR - 1 AM 8:27

<b>FILING FEE</b> \$ 188.75	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company	<b>DOCUMENT #</b> L93000000419
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BALL/SB, L.C. <del>1740 N.W. 96TH AVE.</del> <del>SECOND FLOOR</del> <del>MIAMI, FL. 33172</del>	<b>NEW ADDRESS</b> 2801 NW 74 AVE Ste 221 Miami, FL 33122
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1a. Principal Place of Business Address
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<del>1740 N.W. 96TH AVE.</del> <del>MIAMI, FL. 33172</del> 2801 NW 74 Ave Ste 221, Mia FL 33122
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2. Principal Place of Business 2801 N.W. 74 Avenue	2a. Mailing Address 2801 N.W. 74th Avenue	3. Date Organized or Qualified 11/29/1993	3a. State of Formation
Suite, Apt. #, etc. 221	Suite, Apt. #, etc. 221	4. FEI Number 65-0455288	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State MIAMI FL.	City & State Miami, Florida	5. Date of Last Report 04/10/1998	6. Certificate of Status Desired \$8.75 Additional Fee Required <input checked="" type="checkbox"/>
Zip 33122	Country	Zip 33122	Country

7. Name and Address of Current Registered Agent
JORDAN, ARTURO CPA 999 PONCE DE LEON BLVD. SUITE #715 MIAMI, FL. 33134

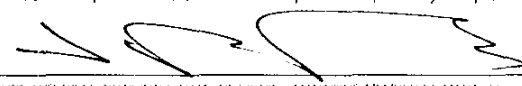
8. Name and Address of New Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
Zip Code FL

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 _____
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10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	BALL HORTICULTURAL C,	622 TOWN RD.	WEST CHICAGO IL.
MGRM	PAN AMERICAN CUTTINGS,	CALLE AQUILINO DE LA GUARDIA NO 8	PANAMA CITY, PANAMA

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:**  MGR March 26, 1999