


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

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

97 APR -7 PM 3: 18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILING FEE	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 # L96000000309
Rodser Investment L.C. 18000 NW 2nd Ave. Miami FL 33169	
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	Same
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2. Principal Place of Business	2a. Mailing Address
Same as above	Same as above
3. Date Organized or Qualified	3a. State of Formation
3/18/96	FLA.
4. FEI Number	<input type="checkbox"/> Applied For
59-3370129	<input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired
	<input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
Edmond L. Sugar 950 S. Federal Highway Hollywood FL 33030

8. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
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
MGRM	ALFA-KER KFT.	H 7100 Szekszard	
MGRM	GYURKO, LASZLO	TARTSAY U.S. Hungary 120 Moyses Road Winter Park, FL 3279	

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), 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: *Li Gul* Date: 3/24/97 Daytime Phone #: 3056516824