File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FILED SECRETARY OF STATE FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris DIVISION OF CORPORATIONS ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 MAR 10 PH 3: 12 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address **DOCUMENT # 196000000309** of Limited Liability Company 1a. Principal Place of Business Address RODSER INVESTMENT, L.C. 18000 NW 2ND AVE. 18000 NW 2ND AVE. MIAMI FL 33169 MIAMI FL 33169 3. Date Organized or Qualified 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 03/18/1996 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3370129 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country \$8.75 Additional Fee Required 03/16/1998 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent SUGAR, EDMOND L ESQ. 950 S. FEDERAL HIGHWAY Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33030 80000002802878° -03/11/99--01089--017 Suite, Apt #, etc. ****188.75 ****188.75 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 ____ (Acgestered Agent Accepting Appointment). (NPTE: Registered Agent servicine to quant when the other ser-**Business Street Address** City, State and Zip Code 10. Title Managing Members/Managers ALFA-KER, KFT H-7100 H 7100 SZEKSZARD TARTSAY U.S., HUNGAR MGRM MGRM GYURKO, LASZLO 120 MOYSES ROAD WINTERPARK FL 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 his peptin as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.

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