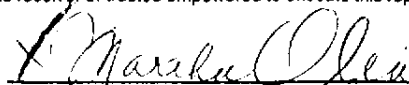


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE		DOCUMENT # L96000001162	
1. Name and Mailing Address of Limited Liability Company MAO REALTY, L.C. 300 BAYVIEW DRIVE APT 2110 N MIAMI BEACH FL 33160		1a. Principal Place of Business 300 BAYVIEW DRIVE APT 2110 N MIAMI BEACH FL 33160	
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 10/31/1996		3a. State of Formation FL	
4. FEI Number 65-0708231		☐ Applied For ☐ Not Applicable	
5. Date of Last Report 02/24/1997		6. Certificate of Status Desired \$8.75 Additional Fee Required ☐	
7. Name and Address of Current Registered Agent OLIN, MARTHA 300 BAYVIEW DRIVE APT 2110 N MIAMI BEACH FL 33160		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 _____	
(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	OLIN, MARTHA	300 BAYVIEW DRIVE, APT 211	N MIAMI BEACH FL
MGRM	MARTHA OLIN PERSONAL,	300 BAYVIEW DRIVE, APT 211	N MIAMI BEACH FL
300002487989--3 -04/14/98--01053--010 ****188.75 ****188.75 AL APR 13 1998			
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: 		4/8/98	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	