
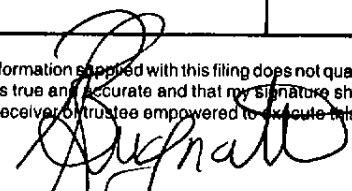


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAY -4 PM 12:04	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L97000000169 AFRICAN LEGACY, L.C. 1550 BRICKELL AVE. APT 505-A MIAMI FL 33129		1a. Principal Place of Business Address 1550 BRICKELL AVE. APT 505-A MIAMI FL 33129			
2. Principal Place of Business 8546 NW 64TH ST Suite, Apt. #, etc. City & State MIAMI, FL Zip 33166 Country USA		2a. Mailing Address 555 NE 34TH ST Suite, Apt. #, etc. 503 (SUITE) City & State MIAMI, FL Zip 33137 Country USA		3. Date Organized or Qualified 02/10/1997 3a. State of Formation FL 4. FEI Number 65-0747038 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report - 6. Certificate of Status Desired SB 75 Additional Fee Required <input checked="" type="checkbox"/>	
7. Name and Address of Current Registered Agent BESU, ROGER ESQ. SUITE 484, MERIDIAN EXECUTIVE CENTER 815 NORTH WEST 57TH AVENUE MIAMI FL 33126			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code MA		
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 _____			
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	BUGNATTO, RENZO	1550 BRICKELL AVE. APT. 50 555 NE 34TH ST APT 503		MIAMI FL MIAMI, FL, 33137,	
300002514853--4 -05/07/98--01016--024 ****197.50 ****197.90					

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:  **04/30/98 (305) 438-1773**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER