

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED

99 APR 28 PM 4: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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 # L98000003416

HENCORP BECSTONE FUTURES, L.C.
777 BRICKELL AVENUE, SUITE 1010
MIAMI FL 33131

1a. Principal Place of Business Address
777 BRICKELL AVENUE, SUITE 1
MIAMI FL 33131

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/24/1998	FL
City & State		City & State		4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent
HENRIQUEZ, RAUL
777 BRICKELL AVENUE, SUITE 1010
MIAMI FL 33131

8. Name and Address of New Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)
300002866513

Suite, Apt. #, etc.
-05707799-01022-007

City
MIAMI

Zip Code
FL 33131

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
MGR	HENRIQUEZ, VICTOR	777 BRICKELL AVENUE, SUITE	MIAMI FL
MGR	HENRIQUEZ, RAUL	777 BRICKELL AVENUE, SUITE	MIAMI FL
MGR	CAMPANO, SIXTO	777 BRICKELL AVENUE, SUITE	MIAMI FL
MGR	SCHAPS, OSCAR L	777 BRICKELL AVENUE, SUITE	MIAMI FL
MGR	DE LA ROCHE, HERNANDO	777 BRICKELL AVENUE, SUITE	MIAMI FL
MGR	PARODI DEL RIO, GONZAL	777 BRICKELL AVENUE, SUITE	MIAMI FL

56-499

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: _____ 4/21/99 (305) 373-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER (Daytime Phone #)