

2000 UNIFORM BUSINESS REPORT (UBR)

00 JUN -5 AM 10:06
 APPROVED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 00 JUN -5 AM 10:06
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # L99000009370

1. Entity Name
 ONO INVESTMENTS, L.L.C.

Principal Place of Business Mailing Address
 2702 NW 112th AVENUE
 MIAMI, FL 33172

2. Principal Place of Business 3. Mailing Address
 2702 NW 112th Av. 2702 NW 112th Av.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State MIAMI, FL MIAMI, FL
 Zip 33172 Country USA Zip 33172 Country USA

4. FEI Number APPLIED FOR
 Applied For Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Sylvia Ferenczi
 2702 NW 112th Av.
 Miami, FL 33172

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

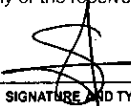
SIGNATURE  SYLVIA FERENCZI (NOTE: Registered Agent signature required when reinstating) DATE 04-30-00

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State

| 9. MANAGING MEMBERS / MEMBERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MANAGING MEMBER <input type="checkbox"/> Delete SYLVIA FERENCZI 11045 SW 69th Av. Rd MIAMI FL 33156 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MANAGING MEMBER <input type="checkbox"/> Delete JOSE AVASH 808 Brickell Key Drive #3607 MIAMI, FL 33131 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS / CHANGES | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 000003297050--1 -06/20/00--01051--003 *****50.00 *****50.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I 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 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.

SIGNATURE:  SYLVIA FERENCZI (NOTE: Registered Agent signature required when reinstating) DATE 04-30-00 Daytime Phone # 305-500-9565

CR2E083 (11/99)