

**FILE NOW: Fee after May 1, will be \$263.75**

APPROVED  
AND  
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95 FEB 13 PM 2: 52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> \$ 238.75	Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # Z00101</b>  W S MIAMI INTERNATIONAL, L.C. 1110 BRICKELL AVENUE SUITE 805 MIAMI FL 33131
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1a. Principal Place of Business Address  1110 BRICKELL AVENUE SUITE 805 MIAMI FL 33131
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If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

2. Mailing Address Suite, Apt. #, etc. <b>204</b> City & State Zip	2a. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Date Organized or Qualified <b>05/12/1989</b>	3a. State of Formation <b>FL</b>
Country	Country	4. FEI Number <b>65-0122820</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report <b>03/21/1994</b>	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  SMITH, ALFRED G. SHUTTS & BOWEN 1500 MIAMI CENTER, 201 S. BISCAYNE B MIAMI FL 33131	8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code
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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
M	W S MIAMI, INTERNAITON	1110 BRICKELL AVENUE, SUIT	MIAMI FL
M	TAPIA, ARTURO	1110 BRICKELL AVE. #204	MIAMI FL

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11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), 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: *[Signature]* **1/31/95** **(305)-358-9707**  
Date Daytime Phone #