


2nd and FINAL NOTICE: File on or before Sept. 29, 1999 or Limited Liability Company will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED *W/ 7/23* 1
 99 JUL 19 PM 3:34
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILING FEE	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee
\$ 588.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company DOCUMENT # Z00101 W S MIAMI INTERNATIONAL, L.C. 1110 BRICKELL AVENUE SUITE 204 MIAMI FL 33131	1a. Principal Place of Business Address 1110 BRICKELL AVENUE SUITE 204 MIAMI FL 33131
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2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	05/12/1989	FL
City & State	City & State	4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	65-0122820	
		5. Date of Last Report	6. Certificate of Status Desired
		04/20/1998	\$8.75 Additional Fee Required <input type="checkbox"/>

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/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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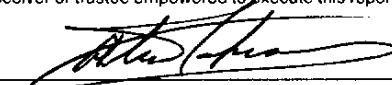
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE _____

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 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:  7/13/99 (305) 358-9707

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

2

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WS MIAMI
INTERNATIONAL

SECRETARY OF STATE
TALLahassee, FLORIDA
110 Brickell Ave.
Suite 805
Miami, FLA 33131
Tel: (305) 358-9707
Fax: (305) 358-9720

July 14, 1999

Katherine Harris
Secretary of State
Division of Corporations
Fl Dept. of State

Dear Katherine,

This letter is to inform you that we never received the first notice of the Liability Company Annual Report 1999.

As per my conversation with one of your agents, I was told to attach a letter to my report stating the above mentioned. Enclosed you will find a check in the amount of \$188.75.

Thank you for your cooperation upon this matter.

Sincerely,

Jackie Goyos
Jackie Goyos
Office Manager