

FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 MAR 10 AM 8:20

FILING FEE
\$ 203.75

Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # Z00431

BERAJA INVESTMENTS, I.C.
2295 S. MIAMI AVE.
MIAMI FL 33129

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1a. Principal Place of Business Address
2295 S. MIAMI AVE.
MIAMI FL 33129

2. Principal Place of Business

Suite, Apt. #, etc.
City & State
Zip Country

2a. Mailing Address

Suite, Apt. #, etc.
City & State
Zip Country

3. Date Organized or Qualified
08/13/1991

3a. State of Formation
FL

4. FEI Number
65-0276233

Applied For
 Not Applicable

5. Date of Last Report
06/10/1996

6. Certificate of Status Desired
\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

BERAJA, MATILDE
2550 DOUGLAS ROAD, SUITE 300
CORAL GABLES FL 33134

8. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
Zip Code
FL

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
EM MPD	BERAJA, ROBERTO	2295 S. MIAMI AVE	MIAMI FL
U MVD	BERAJA, VICTOR	2295 S. MIAMI AVE	MIAMI FL
EM MPD	BERAJA, ESTHER	2295 S. MIAMI AVE	MIAMI FL
EM MBD	BERAJA, MATILDE	2295 S. MIAMI AVE	MIAMI FL
EM	BERAJA, ISIDORO	2295 S. MIAMI AVE	MIAMI FL

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****203.75 ****203.75

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: *Sandra B. Mortham* 2/12/97 (305) 443-7070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #