

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # J27184 (7)
1. Corporation Name
LLW CORP.

Principal Place of Business
AVERBACH, H
2399 N.W. SECOND AVE.
MIAMI FL 33137
US

Mailing Address
AVERBACH
2399 N.W. SECOND AVE.
MIAMI FL 33137
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1 SE 3 Ave.		26 1 SE 3 Ave.		08/05/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 1280		27 1280		59-2712782	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Miami FL		28 Miami FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 33131		25 Dade		29 33131	
				30 Dade	

9. Name and Address of Current Registered Agent

AVERBACH, HAROLD
C/O WOLFSON INITIATIVE CORP.
2399 N.E. SECOND AVE.
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name	Harold Auerbach	
82 Street Address (P.O. Box Number is Not Acceptable)	1 SE 3 Ave.	
83 Suite	Suite 1280	
84 City	FL	85 Zip Code
Miami		33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	ST
NAME	AUERBACH, HAROLD	1.2 NAME	Auerbach, Harold
STREET ADDRESS	2399 N.E. 2ND AVE.	1.3 STREET ADDRESS	1 SE 3 Ave. # 1280
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami FL 33131
TITLE	PD	2.1 TITLE	PD
NAME	WOLFSON, LYNN R.	2.2 NAME	Wolfson, Lynn
STREET ADDRESS	2399 N.E. 2ND AVE.	2.3 STREET ADDRESS	1 SE 3 Ave. # 1280
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami FL 33131
TITLE	VD	3.1 TITLE	VD
NAME	WOLFSON, LOUIS, III	3.2 NAME	Wolfson, Louis III
STREET ADDRESS	2399 N.E. 2ND AVE.	3.3 STREET ADDRESS	1 SE 3 Ave. # 1280
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami FL 33131
TITLE	VD	4.1 TITLE	VD
NAME	CAPRARO, FRANZ	4.2 NAME	Capraro, Franz
STREET ADDRESS	2399 N.E. 2ND AVE.	4.3 STREET ADDRESS	1 SE 3 Ave. # 1280
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami FL 33131
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Harold Auerbach

305-377-8714

CR2E034 (10/97)