


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	
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 # L92000000008			
G AND F, L.C. % SIDNEY GIMBEL 10155 COLLINS AVENUE, #1907 BAL HARBOUR FL 33154		1a. Principal Place of Business Address % INTERCONTINENTAL DEV. CO. 2124 N.E. 123RD ST., #205-54 N. MIAMI FL 33181			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/02/1992	
City & State		City & State		FL	
Zip		Zip		4. FEI Number	
Country		Country		65-0396398	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report	
				03/13/1996	
				6. Certificate of Status Desired	
				88.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent	
KLEINFELD, DENIS A 1 S.E. 3RD AVENUE SUITE 1940 MIAMI FL 33131				Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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	GIMBEL, SIDNEY	1019 KANE CONCOURSE 2124 NE 123 ST SUITE 205-54		BAY HARBOR FL-33184 MIAMI FL	
M	FRIEDMAN, PETER	2124 NE 123 ST SUITE 205-54 1019 KANE CONCOURSE		MIAMI FL BAY HARBOR FL-33184	
500002142915--9 -04/14/97--01190--001 ****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) (f), 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: <i>Sidney Gimbel</i>		4-7-97		305-865-3323	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	