


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 APR 17 AM 10:52 SECRETARY OF STATE TALLAHASSEE FLORIDA	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company MABU, L.C. C/O B.V. MAZZEO & CO., CPAS 8900 SW 117 AVENUE, #B-104 MIAMI, FL 33186		DOCUMENT #L93000000134		1a. Principal Place of Business Address 8900 SW 117 AVENUE, #B-104 MIAMI, FL 33186	
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 05/04/1993 3a. State of Formation FL 4. FEI Number 65-0406522 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 03/05/97 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent MAZZEO, BERNARD V. 8900 SW 117 AVENUE SUITE B-104 MIAMI, FL 33186		8. Name and Address of New Registered Agent/Office 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 _____ (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	
MEM	VARIA, LORENZO	8900 SW 117 AVE, STE B-104		MIAMI, FL 33186	
MEM	CRAVETTO, MARIE A.	8900 SW 117 AVE, STE B-104		MIAMI, FL 33186	
300002497793--3 -04/23/98--01049--041 ****188.75 ****188.75					
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: <i>L. Varia</i> <i>Lorenzo Varia</i> 4/15/98 (305) 595-7111 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #					