

2nd NOTICE:

Limited Liability Company Will Be Dissolved On Or
After October 8, 1997. If Dissolved, Minimum Amount
Due To Reinstate: \$703.75

APPROVED
AND
FILED

97 AUG 15 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 588.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company	DOCUMENT # L93000000233
HALO HOLDINGS, L.C. 345 W. 74TH PLACE HIALEAH FL 33014	
<small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.</small>	

1a. Principal Place of Business Address
345 W. 74TH PLACE HIALEAH FL 33014

2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Zip
Country	Country

3. Date Organized or Qualified	3a. State of Formation
07/21/1993	FL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
65-0431097	
5. Date of Last Report	6. Certificate of Status Desired
02/05/1996	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent
GREENE, MICHAEL S 201 S. BISCAYNE BLVD. SUITE 900 MIAMI FL 33131

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 _____
(If a new Agent is appointed, Appointing Agent's Signature is required when filing.)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	SARMIENTO, LOUIS	345 W. 74TH PLACE	HIALEAH FL
MGR	BROMBERGO, HENRY	345 W. 74TH PLACE	HIALEAH FL

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O. (Mou)
8/15/97

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: *Louis Sarmiento* Louis SARMIENTO 8/11/97 305-821-3300
MANAGING MEMBER OR MANAGER OF LIMITED LIABILITY COMPANY Date: 8/11/97 Daytime Phone #: 305-821-3300