


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

**APPROVED  
AND  
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**1997 APR 24 AM 10:12**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> <b>\$ 203.75</b>	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1 Name and Mailing Address of Limited Liability Company  - SUPER-MIAMI OF DADE COUNTY, L.C. P.O. BOX 5577 CONCORD CA 94524	<b>DOCUMENT #</b> L93000000394
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1a. Principal Place of Business Address  11739 S. DIXIE HWY. MIAMI FL 33156
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If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

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  11/12/1993	3a. State of Formation  FL	4. FEI Number  65-0457129	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	5. Date of Last Report  04/22/1996	6. Certificate of Status Desired  <input type="checkbox"/> \$8.75 Additional Fee Required
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7. Name and Address of Current Registered Agent  FEILDMAN, EVAN M 5975 SUNSET DRIVE, SUITE 302 S. MIAMI FL 33143	8. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City  700002158747--5 -04/29/97--01087--042 ****203.75 FL
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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 renaming) DATE \_\_\_\_\_

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MMGR	EENBARGER, KATHRYN	2190 MERIDIAN PARK BLVD.,	CONCORD CA
MMGR	STAPLES, HELEN	2190 MERIDIAN PARK BLVD.,	CONCORD CA
MMGR	GORE, BETTY	2190 MERIDIAN PARK BLVD.,	CONCORD CA
M	MEYERS, MELVENE	% 2190 MERIDIAN PARK BLVD.	CONCORD CA
M	PARKER, BURNARD	% 2190 MERIDIAN PARK BLVD.	CONCORD CA
M	PARKER, LILIA	% 2190 MERIDIAN PARK BLVD.	CONCORD CA

KSP  
4/28/97

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:** Kathryn Eenbarger 2/2/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #