File on or before Ma subject to a \$ 400.00			d Liat	oility C	;omp	any will b	e 				
LIMITED LIABILITY COMPANY ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				SECRETARY OF STATE DIVISIONS 98 MAR 30 AM II: 28			
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE											
1. Name and Mailing Address of Limited Liability Company DOCUMENT # 19400000041							i 	4/1			
ANIDO, L.C. % JOSEPH LAPATIN 989 SIXTH AVE., 1200 NEW YORK NY 10018							1e. Principal Place of Business Address 1935 WINDWARD WAY VERO BEACH FL 32963				
2. Principal Place of Business	2a. Malli	-				3. Date Or	ganized or Qualified	3a. State	of Formation		
Suite, Apt. #, etc.	Suite, Ap	C/O Joseph Lapatin Suite, Apt. #, etc.					01/21/1994 FL 4. FEI Number				
City & State	989 6th Ave., 1 City & State				th Fl.	65-04	464258		Applied For Not Applicable		
Zip Coun	itry	New Y		C	Country	4	5. Date of Last Report			ate of Status Desired	
7. Name and Address of Current Register			0018 New York			York 8.	07/3(07/30/1997 Name and Address of New Registered Agent/Office			
				City DB, Florida Statutes, the above-			#, etc. 2000248032-0104-011 **** \$70.069 **** 188.7 FL Iimited liability company submits this statement for the purpose of changin affirmative vote of a majority of the members. I hereby accept the appointment				
as registered agent, and accept SIGNATURE								DATE			
				IOTE Registered Agent signature required when reinstating Business Street Address				City	y, State and Z	ip Code	
MGR GODINA, JOHN M SR.			44 WOODBINE RD.					STAMFORD CT			
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11. Ido 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

SIGNATURE AND TYPED OR PRINTED NAMEOUS SIGNING MANAGING MEMBER OR MANAGER

723 /98 Dale

Davime Phone #