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

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75. Make Check Payable To: FLORIDA DEPARTMENT OF STATE

 Name and Mailing Address of Limited Liability Company

DOCUMENT #

L94000000053

98 MAY - 1 AM 9: 12

SOBETAC, L.C. 299 S.W. 27TH AVENUE MIAMI FL								1a. Principal Place of Business Address 299 S.W. 27TH AVENUE MIAMI FL				
2. Princip	2. Principal Place of Business 2a. Maili			ng Address				3. Date Organize	d or Qualified	3a. State	of Formation	
Suite, Apt. #, etc. Suite, A			Suite, Ap	pt. #, etc.				02/03/1994 4. FEI Number		FL	Applied For	
City & State City &			City & Sta	State				65 -04 78			Not Applicable	
Zip	ip Country			Zip Count				5. Date of Last P	leport		ate of Status Desired	
								04/28/1997		S8.75 Additional Fee Required		
	7. Name	Agent 8. Name and Add				Name and Address	of New Region	stered Agen	t/Office			
					e was e	City FL Zip Code Above-named limited liability company submits this statement for the purpose of changauthorized by affirmative vote of a majority of the members. I hereby accept the appointment of the purpose of changauthorized by affirmative vote of a majority of the members.					****188.75	
10. Title	Managing Members/Managers			Business Street Address				<u> </u>	City, State and Zip Code			
MEM MEM MEM MEM MEM	TACHER BEHAR, D.A.S.	IIN & PESSI	N, P.A ENT GR	291 S.1	W	27тн 27тн 27тн 27тн 27тн 27тн	AVE. AVE. AVE. AVE.	, 2ND FL , 2ND FL IUE	MIAMI MIAMI MIAMI MIAMI	FL FL	Delete Delete Delete	
				ĺ								

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

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING WANAGING MEMBER OR MANAGER

3/3//98

0 . 0 . .