File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris FILED ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 APR 14 AM 10: 46 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE SLORETANT OF STATE TALLAHASSEE, FLORIDA L94000000111 Name and Mailing Address of Limited Liability Company DOCUMENT # 1a. Principal Place of Business Address BENA, LC 10300 SUNSET DRIVE, STE. 135 10300 SUNSET DRIVE, STE. 135 MIAMI FL 33173 MIAMI FL 33173 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 2 Principal Place of Business 03/16/1994 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 65-0474771 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Ζιρ Country Zip 03/11/1998 \$8.75 Additional Fee Required 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent Name PASTROFF, NANCY G 10300 SUNSET DRIVE, STE. 135 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33173 Suite, Apt. #, etc. City 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 DATE (Hegeline di Agent Alicepting Appointment) - (NOTE Respond Asperting respond who care of the op-**Business Street Address** City, State and Zip Code 10. Title Managing Members/Managers MGRM PASTROFF, EDWARD 6420 S.W. 50TH ST. MIAMI FL ろろしちち ろろしちぢ 6420 S.W. 50 STREET MIAMI FL MGRM PASTROFF, NANCY G MGRM DAVIS, ALAN J 2581 MAYFAIR LANE WESTON FL 2581 MAYFAIR LANE WESTON FL MGRM DAVIS, BARBARA H ****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. If urther 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 eath, 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.

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SIGNATURE:

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