File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY & FLORIDA DEPARTMENT OF STATE Katherine Harris ANNUAL REPORT FILED Secretary of State 1999 DIVISION OF CORPORATIONS 99 FEB 22 AM 8: 57 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETANT OF STATE
TALLAHASSEE, FLORIDA Name and Mailing Address of Limited Liability Company **DOCUMENT # L94000000627** 1a. Principal Place of Business Address WHICER, L.C. 3530 NORTH 45TH AVE. 3530 NORTH 45TH AVE. HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 11/18/1994 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0535109 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Ζıρ Country Country \$8.75 Additional Fee Required 03/30/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office BEDZOW, MICHAEL BEDZOW KORN & KAN, P.A. LAURENCE A. WEISS
Street Address (P.O. Box Number is Not Acceptable) 20803 BISCAYNE BLVD., SUITE 200 3530 N. 45 AVENUE AVENTURA FL 33180 Zip Code 33021 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 teuruce alleus DATE 2-19-98 SIGNATURE (NOTE: Registrated Agent's greature required when remotating) 10. Title City, State and Zip Code Managing Members/Managers **Business Street Address** WEISS, JUDITH MGR 3530 NORTH 45TH AVE. HOLLYWOOD FL MBM WEISS, JUDITH D 3530 NORTH 45TH AVE. HOLLYWOOD FL 100002789441-- 8 -02/28/93--01115--008 ****188.75 ****188.75 4-25-99

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 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

SIGNATURE:

ACTURE AND THE CONTROLLED NAME OF SIGNAL OF MANAGER MEMORY OF MANAGER

2-18-94

254) 861-172