


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company		<b>DOCUMENT #</b> L94000000701			
VENETIAN TRADERS, L.C. P.O. BOX 4015 FORT LAUDERDALE FL 33338		1a. Principal Place of Business Address 522 N.E. 13TH STREET FORT LAUDERDALE FL 33304			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/19/1994	
City & State		City & State		FL	
Zip		Country		4. FEI Number	
				65-0542260	
				5. Date of Last Report	
				04/29/1996	
7. Name and Address of Current Registered Agent		6. Certificate of Status Desired			
BONAVIA-PELA, FILIPPO 900 RIVER REACH DR SUITE 525 FT LAUDERDALE FL 33315		[X] Not Applicable [ ] Applied For			
8. Name and Address of New Registered Agent		[ ] Not Applicable			
Name		[ ] Not Applicable			
Street Address (P.O. Box Number is Not Acceptable)		[ ] Not Applicable			
Suite, Apt. #, etc.		[ ] Not Applicable			
City		FL			
Zip Code		FL			
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 _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	BONAVIA-PELA, FILIPPO	900 RIVER REACH DR SUITE 5		FT LAUDERDALE FL	
				800002072118--1 -01/29/97--01034--019 *****8.75 *****8.75	
				800002072118--1 -01/29/97--01034--020 ****203.75 ****203.75	
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. 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: <u>FILIPPO BONAVIA-PELA</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER					
Date <u>1/23/97</u> Daytime Phone # <u>954/5234826</u>					

AW-2897