


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		*FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAR 18 PM 12:16	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L95000000088 PAUBEC, L.C. 6255 S.W. 99TH TERRACE MIAMI FL 33156		1a. Principal Place of Business Address 6255 S.W. 99TH TERRACE MIAMI FL 33156			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 01/31/1995 3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
4. FEI Number 65-0558400		5. Date of Last Report 05/05/1997		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$87.50 Additional Fee Required	
7. Name and Address of Current Registered Agent SCHNEIDER, REUBEN M 2021 TYLER ST. HOLLYWOOD FL 33020			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM MEM MEM	RABE, SALLY BLOOM, RITA KRACHMER, JAY	6255 S.W. 99TH TERR. 3179 WOOD VALLEY RD. 6025 PINE GROVE RD.		MIAMI FL ATLANTA GA EDINA MN	
700002464277--2 -03/20/98--01126--015 ****188.75 ****188.75 <i>dca</i>					
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: <i>Sally Rabe</i> <i>Sally Rabe</i> <i>3/16/98</i> <i>(305)661-7796</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #</small>					