File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT Secretary of State 1999 99 APR 22 PH 2: 13 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # L95000000106** 1a. Principal Place of Business Address A.H.M., L.C. 5355 TOWN CENTER ROAD 5355 TOWN CENTER ROAD SUITE 801 SUITE 801 BOCA RATON FI 33486 BOCA RATON FL 33486 2 Principal Place of Business 3. Date Organized or Qualified | 3a. State of Formation 2a. Mailing Address 02/01/1995 FI. Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0625219 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country \$8.75 Additional Fee Required 04/20/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office ENGELHARD, SHELDON 5355 TOWN CENTER ROAD Street Address (P.O. Box Number is Not Acceptable) SUITE 801 BOCA RATON FL 33486 Suite, Apt. #, etc Zip Code 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. Thereby accept the appointment as registered agent, and accept the obligations DATE _ (Registered Agent Accepting Appointment). (Not1): Biogistered Agent signature required when recently as 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR MAIZES, ISAAC 5355 TOWN CENTER RD., STE BOCA RATON FL MGR PEDREIRA, JOSE 5355 TOWN CENTER ROAD BOCA RATON FL 2857350 9795-011 ****188.75 ****188.7 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 Statules. Hurther 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 path; 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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