



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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company MBS AMERICAS, L.C. 1401 BRICKELL AVENUE SUITE 450 MIAMI FL 33131		DOCUMENT # L95000000140	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.		1a. Principal Place of Business Address 1401 BRICKELL AVENUE SUITE 450 MIAMI FL 33131	
2. Principal Place of Business 800 BRICKELL AVENUE Suite, Apt. #, etc. SUITE 1450 City & State MIAMI, FLORIDA Zip 33131	2a. Mailing Address 800 BRICKELL AVENUE Suite, Apt. #, etc. SUITE 1450 City & State MIAMI, FLORIDA Zip 33131	3. Date Organized or Qualified 02/20/1995	3a. State of Formation FL
		4. FEI Number 59-3296871	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report 08/12/1996	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>
7. Name and Address of Current Registered Agent FREEMAN, STEPHEN A ESQ. 520 BRICKELL KEY DR. SUITE 0-305 MIAMI FL 33131		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 500002096875--1 Suite, Apt. #, etc. -02/25/97--01096--008 ***203.75 ***203.75 City FL 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. 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	KURTH, JOST H	1401 BRICKELL AVENUE, #450	MIAMI FL
MGRM	DEANE, JAMES V	1401 BRICKELL AVENUE, #450	MIAMI FL
MGR	DUNCAN, BRUCE D	1401 BRICKELL AVENUE, #450	MIAMI FL
MEM	JAIDAH, HUSSAM J	1401 BRICKELL AVENUE, #450	MIAMI FL
MEM	SUTIN, STEWART	610 BERSHIRE DRIVE	PITTSBURG PA
MEM	CIAPUTA, DARIA	30 WEST 61ST STREET	NEW YORK NY
B2-21-97			
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: 		2/14/97 305-377-2121	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	