


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
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 # L95000000140 MBS AMERICAS, L.C. 800 BRICKELL AVENUE SUITE 1450 MIAMI FL 33131		1a. Principal Place of Business Address 800 BRICKELL AVENUE SUITE 1450 MIAMI FL 33131	
2. Principal Place of Business 80 SOUTHWEST 8 th STREET Suite, Apt. #, etc. 2202 City & State MIAMI, FL Zip 33130 Country USA		2a. Mailing Address 80 SOUTHWEST 8 th STREET Suite, Apt. #, etc. 2202 City & State MIAMI, FL Zip 33130 Country USA	
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 05/05/1998		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent FREEMAN, STEPHEN A ESQ. 520 BRICKELL KEY DR. SUITE 0-305 MIAMI FL 33131 800002834079-3 -04/08/99-01104-002 ****188.75 ****188.75		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent's Signature must be witnessed by a Notary Public)</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	KURTH, JOST H	800 BRICKELL AVE. #450 80 SOUTHWEST 8 th STREET, 2202	MIAMI FL 33130
MGRM	DEANE, JAMES V	800 BRICKELL AVE. #450 80 SOUTHWEST 8 th STREET, 2202	MIAMI FL 33130
MGR	DUNCAN, BRUCE D	800 BRICKELL AVENUE #450 80 SOUTHWEST 8 th STREET, 2202	MIAMI FL 33130
MEM	JAIDAH, HUSSAM J	800 BRICKELL AVENUE #450 80 SOUTHWEST 8 th STREET, 2202	MIAMI FL 33130
MEM	SUTIN, STEWART	610 BERSHIRE DRIVE	PITTSBURG PA 15215
MEM	CIAPUTA, DARIA	30 WEST 61ST STREET	NEW YORK NY 10023
MEM	CIAPUTA, ALEX	135 CEDAR LANE	BRONXVILLE, NY 10708
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>James V. Deane</i> 2/24/99 305-377-2121 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY/MANAGING MEMBER OR MANAGER</small>			