


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 DOCUMENT # L95000000281 1920 L.C. 1920 E. HALLANDALE BEACH BLVD. SUITE 900 901 HALLANDALE FL 33009		1a. Principal Place of Business Address 1920 E. HALLANDALE BEACH BLVD SUITE 900 901 HALLANDALE FL 33009	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business 1920 E. Hallandale B.C. Suite, Apt. #, etc. Suite 901 City & State Hallandale, FL Zip 33009 Country Broward		2a. Mailing Address <i>the same</i> Suite, Apt. #, etc. City & State City Zip Country	
3. Date Organized or Qualified 04/10/1995		3a. State of Formation FL	
4. FEI Number 65-0570869		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 02/05/1996		6. Certificate of Status Desired <input checked="" type="checkbox"/> SA 203.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent VALDES, JUAN E 4160 W. 16TH AVENUE SUITE 402 HIALEAH FL 33012		8. Name and Address of New Registered Agent 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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)		DATE _____	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	ABRAMS AND DAVIS, INC.	1920 E. HALLANDALE BEACH B	HALLANDALE FL
MGRM	ROTH & BASS CORP.,	315 N.W. 57TH AVENUE	MIAMI FL
			200002085162--0 -02/12/97--01070--004 ****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: <i>Virginia Dominguez</i>		Feb 03/97 (305) 534-9090	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER <i>Virginia Dominguez</i>		Date Daytime Phone #	