File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 98 MAR - 4, AM 10: 49 **DIVISION OF CORPORATIONS** FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE TÄLLÄHÄSSEE, FLORIUA Name and Malling Address
of Limited Liability Company **DOCUMENT #** L9500000281 1a. Principal Place of Business Address 1920 L.C. 1920 E. HALLANDALE BEACH BLVD. 1920 E. HALLANDALE BEACH BLV SUITE 301, 8// SUITE 901 HALLANDALE FL 33009 HALLANDALE FL 33009 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation same as above 1920 E Hallandale Beach Blue 04/10/1995 4. FEI Number Sulte, Apt. #, etc. Applied For City & State Not Applicable 65-0570869 5. Date of Last Report 6. Certificate of Status Desired Zip Country \$8.75 Additional Fee Required 02/06/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office VALDES, JUAN E 4160 W. 16TH AVENUE Street Address (P.O. Box Number is Not Acceptable) SUITE 402 Suite, Apt. #, etc. HIALEAH FL 33012 City 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 reinstalling) 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., 815 N.W. 57TH AVENUE MIAMI FL 60002453036--6 ****168.75 ****168.75 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 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.