


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		FILED 29 MAR 29 PM 5:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA																					
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 1920 L.C. 1623 COLLINS AVE., STE. 909 MIAMI BEACH FL 33139		DOCUMENT # 195000000281 1a. Principal Place of Business Address 1623 COLLINS AVE., STE. 909 MIAMI BEACH FL 33139																							
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State 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 03/04/1998 6. Certificate of Status Desired \$8.75 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/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 Signature is required when reappointing.)</small>																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">10. Title</th> <th style="width: 30%;">Managing Members/Managers</th> <th style="width: 30%;">Business Street Address</th> <th style="width: 30%;">City, State and Zip Code</th> </tr> </thead> <tbody> <tr> <td>MGRM</td> <td>ABRAMS AND DAVIS, INC.</td> <td>1920 E. HALLANDALE BEACH E</td> <td>HALLANDALE FL ★</td> </tr> <tr> <td>MGRM</td> <td>ROTH & BASS CORP.,</td> <td>815 N.W. 57TH AVENUE</td> <td>MIAMI FL</td> </tr> <tr> <td></td> <td></td> <td>★ 1623 Collins Ave #909</td> <td>Miami Beach, FL 33139</td> </tr> <tr> <td colspan="4" style="text-align: right;"> 4000002884074--9 -04/08/99--01104--001 ****188.75 ****188.75 </td> </tr> </tbody> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGRM	ABRAMS AND DAVIS, INC.	1920 E. HALLANDALE BEACH E	HALLANDALE FL ★	MGRM	ROTH & BASS CORP.,	815 N.W. 57TH AVENUE	MIAMI FL			★ 1623 Collins Ave #909	Miami Beach, FL 33139	4000002884074--9 -04/08/99--01104--001 ****188.75 ****188.75			
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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: Luis Womunquay <i>March 27/99 (305) 534-9090</i>																									