

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

FILED

97 MAR -4 AM 7:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 # L95000000520

AMERICAN CHEMICAL, L.C.
1689 S.W. ~~3500~~ AVENUE **← 158**
PEMBROKE PINES FL 33027
33027-2340

1a. Principal Place of Business Address
1689 ~~SOUTH WEST~~ 158TH AVENUE
PEMBROKE PINES FL 33027
SOUTHWEST OR SW

2. Principal Place of Business
SAME
Suite, Apt. #, etc.
City & State
Zip Country
PEMBROKE PINES FL 33027

3. Date Organized or Qualified
07/07/1995
3a. State of Formation
FL
4. FEI Number
NOT APPLICABLE
5. Date of Last Report
07/01/1996
6. Certificate of Status Desired
 Applied For
 Not Applicable
 \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

8. Name and Address of New Registered Agent
Name
GARY BARCUS
Street Address (P.O. Box Number is Not Acceptable)
1689 SW 158 AVENUE
Suite, Apt. #, etc.
City Zip Code
PEMBROKE PINES FL 33027-2340

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 *Gary Barcus* DATE 2/28/97
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	BARCUS, GARY	1689 S.W. 158TH AVENUE	PEMBROKE PINES FL 33027-2340

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****203.75 ****203.75
JB 3-4-97

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: *Gary Barcus* DATE 2/28/97 ⁹⁵⁴ 498-4222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #