

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAR 13 PM 12:00

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L95000000698

MICCOSUKEE ESTATES, L.C.
7603 ESTRELLA CIRCLE
BOCA RATON FL 33433

1a. Principal Place of Business Address

7603 ESTRELLA CIRCLE
BOCA RATON FL 33433

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
09/13/1995

3a. State of Formation
FL

4. FEI Number
65-0674192
 Applied For
 Not Applicable

5. Date of Last Report
02/05/1997

6. Certificate of Status Desired
SB 75 Additional Fee Required

7. Name and Address of Current Registered Agent

JARAMILLO, FERNAN
7603 ESTRELLA CIRCLE
BOCA RATON FL 33433

8. Name and Address of New Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc. 800002459308--1
-03/17/98--01043--008
City FL
Zip Code ****188-75 ****180-75

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 reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	JARAMILLO, FERNAN I	7603 ESTRELLA CIRCLE	BOCA RATON FL
MEM	HAYWARD'S HEALTH INV,	P.O. BOX 60175	NORTH MIAMI BEACH FL
MEM	MERANTI ENTERPRISES ,	7603 ESTRELLA CIRCLE	BOCA RATON FL
MEM	DANGONE, SUSANA DE	7603 ESTRELLA CIRCLE	BOCA RATON FL
MEM	JARMAILLO, FERNAN	7603 ESTRELLA CIRCLE	BOCA RATON FL
MEM	INTERFIN CORPORATION,	7603 ESTRELLA CIRCLE	BOCA RATON FL

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: *Jaramillo* **2-3-98**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #