	ED LIABILITY COMPANY ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAR 3 PM 2: 00					
FILING \$ 188	FEE Annual Report \$100.0									
1. Name of Lirr		JMENT S, L.C CLE	Γ# _{L95(}				7603 I	Place of Business ESTRELLA RATON FL	CIRCLE	
2. Principal Place of Business 2a. Maili			ng Address			3. Date Orga	nized or Qualified	3a. State of Formation		
Suite, Apt. #, etc. Suite, Ap			t. #, etc.			09/13/	/1995	FL		
City & State City & Ste			ate					Applied For		
Chy a State							65-067		Not Applicable 6. Certificate of Status Desired	
Zip	Country Zip			У	· -	02/05/		58 75 Additional Fee Required		
	7. Name and Address of Curre	nt Registered	Agent			8. N			stered Agent/Office	
9. Pursuits registe	ESTRELLA CIRCLE RATON FL 33433 ant to the provisions of Sections 608.41 ired office or registered agent, or both, intered agent, and accept the obligations.	3 and 608.508 he State of Flo	s, Florida Statut rida. Such chan	es, the ab	City ove-nam	od limited	liability compan	#### FL y submits this stat	7/98-01043-008 188-00 ****180.75 ement for the purpose of changing rs. I hereby accept the appointment	
SIGNATU	JAE							DATE		
(Registered Agent Accepting Appointment) (N			NOTE: Registered Ag	DTE: Registered Agent signature required when reinstating) Business Street Address				City, State and Zip Code		
MGRM MEM	JARAMILLO, FERNA HAYWARD'S HEALTH	7603 ESTRELLA CIRCLE P.O. BOX 60175			LE]	RATON FL MIAMI BEACH FL			
MEM	MERANTI ENTERPRI	7603 E	7603 ESTRELLA CIRCLE				BOCA H	RATON FL		
MEM	DANGONE, SUSANA	7603 ESTRELLA CIRCLE			LE	ļ	RATON FL			
MEM	JARMAILLO, FERNA	7603 ESTRELLA CIRCL					RATON FL			
	INTERFIN CORPORA		7603 E					ļ.	RATON FL	

SIGNATURE AND TYPEO'OR PRINTED HAME OF SIGNING MANAGING MEMBER OR MANAGER

Davtime Phone #

SIGNATURE: _