
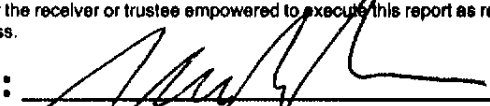


**FILE NOW: Fee after May 1, will be \$588.75**

**APPROVED  
AND  
FILED**

**1997 APR 14 AM 8:44**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company  YAMA, L.C. C/O ISRAM REALTY 169 E FLAGLER #920 MIAMI FL 33131		<b>DOCUMENT #</b> L95000000821			
1a. Principal Place of Business Address  C/O ISRAM REALTY 169 E FLAGLER #920 MIAMI FL 33131					
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 10/27/1995 3a. State of Formation FL 4. FEI Number 65-0615522 5. Date of Last Report 05/01/1996 6. Certificate of Status Desired SB 2c Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent  FERDIE, AINSLEE R 717 PONCE DE LEON BLVD. STE 215 CORAL GABLES FL 33134		8. Name and Address of New Registered Agent  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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstalling) DATE _____					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	RIKMAN, SHAUL	36 NE 1ST STREET STE 708		MIAMI FL  700002143907--3 -04/15/97--01080--003 ****203.75 ****203.75  7/8/97 4/15/97	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: 		SHAIL RIKMAN		4-10-97 205-380-6777	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	