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

	LIABILITY NNUAL REF 1997		FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS				FILED 97 APR -3 PM 2:08				
FILING F		00.00 + \$103.75 C	1 NPK -3 PM 2: 0.0								
\$ 203.7	75 Make	e To: FLORID	SECRETARY OF STATE TALLAHASSEE, FLORIDA								
1. Name ar	nd Mailing Addre	UMENT	TAL	LAHASSEI	ULSIA	)E					
	ed Liability Comp	ORTATION	1a. Principal Place of Business Address MDA MWQ								
v	COMPANY		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \								
4 /	000 H	E AVENUE	1229 E ST	RAWBRI	DGE A	VENUE					
M	<del>BLBOURNE</del>	+ melb	MELBOURNE	FL 32	901	·					
II ahaya m	nation address is in	through Incorrect I									
	al Place of Busine	2a. Mailin	2a. Mailing Address				3. Date Organized or Qualified 3a. State of Formati				
Same	2						01/03/1996 FL				
Suite, Apt.		Suite, Apt.	Suite, Apt. #, etc.			4. FEI Number			Applied For		
City & State	te	***************************************	City & Stat	City & State			59-3391966		-	Not Applicable	
							6. Date of Last R	Report 6. C		cate of Status Desired	
Zip Country			Zip	Zip Cour		ry	nta		SB 75 Additional Lee Reguteed		
				<u> </u>		I	8. Name and Adde	ass of New Re	ediatered A	kaent	
	7. Name a	nd Address of Cui	rent Registered	Agent		Name	G. Marrie and Addi	D00 VI /1VII II.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
JONES, RICHARD O											
1250	W. EAU	. av.	(P.O. Box Number is Not Acceptable)								
SULTE											
	ORNE FL		-04/04/97-01110-006								
							**************************************				
City							Zlp Code				
							<u>FL</u>				
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.											
40,00		,					1	DATE			
SIGNATU	JRE	(Registered Agent Acc	cepting Appointment) (N	ting)							
10. Title Managing Members/Managers				- 1 Otan			3	Cit	ity, State and Zip Code		
	<u> </u>										
XXXXX	XXXXXXXXXXX	*******	<b>ЖЖЖЖЖЖЖЖ</b>	አን <del>ረ</del> ንረአ አን	CANAL C	<b>፞</b> ፞፞፞ቝፘፙቔፙቜ	(XXXXXXXX	MEXAGORE SAN	MEX E	ŖΧ	
MGKM	KOBERI	A. DENIE	AND AD		D						
мем	VITALE-LEWIS, VICTORIA			018 S RIVER ROAD				MELBOUI	RNE B	EACH FL	
мем	LEWIS, ROBERT A 2018 S RIV				RIV	ER ROAD		MELBOURNE BEACH FL			
	· ·			1220	ידו	STRAWBRI	IDGE 1	MELBOUR	NE EI		
MGRM	KIVIERA	CONSULT	ING, INC	1263	• •	SINDADA	LDGD .	TELECOR		<b></b>	
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			<u>,                                    </u>							198 M 6 M 1 - 8 · · · A* · ·	
11 Idoh	nereby certify that	the information sup	plied with this filing	does not quali	fy for the e	exemption stated in	Section 119.07(3) (i)	Florida Statute	s. I further o	certify that the information ember or manager of the	
indicated	d on this annual re	eport is true and acc	curate and that my	signature sha execute this	III nave th	e same regar errect required by Chapte	er 608, Florida Statut	es; and that my	name app	ember or manager of the ears in Block 10, or on an	
attachme	ability company c ent with an addre	SSS. A	N. S.		Rivi	era Cons	ulting, I	inc. by			
attachment with an address.  Riviera Consulting, Inc. by Robert Lewis, President 3/10/97											

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER OR MANAGER

Daytime Phone #