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 LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** 98 APR -6 AM 10: 43 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address of Limited Liability Company DOCUMENT # L96000000063 1a. Principal Place of Business Address OPH CORPORATE REALTY, L.C. 500 EAST BROWARD BLVD. 500 EAST BROWARD BLVD. **SUITE 1950 SUITE 1950** FT. LAUDERADLE FL 33394 FT. LAUDERADLE FL 33394 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 01/16/1996 4. FEI Number FLSuite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Not Applicable 65-0638386 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office ROBERTS, DOUGLAS L. Street Address (P.O. Box Number is Not Acceptable) ADLER, MITCHELL D 500 EAST BROWARD BLVD. c/o MOMBACH, BOYLE & HARDIN, P.A. **SUITE 1950** Suite, Apt. #, etc. FT. LAUDERADLE FL 33394 500 East Broward Boulevard, Suite 1950 City Zip Code Fort Lauderdale 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. Thereby accept the appointment as registered agent, and accept the obligations SIGNATURE ed Agent Accepting Appointment). (NOTE Registered Agent signature required when reinstating). 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR KAMELHAIR, STEVEN R 400 NORTHWEST 74TH AVENUE PLANTATION FL

11. Ido 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 eath; that I am a managing member or manager of the limited liability company or the requiver 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.

VEN RIKAHELHAIR WINTED NAME OF SIGNING MANAGIN

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Applied For