


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company	DOCUMENT # L96000000175
ORAN ENTERPRISES, L.C. 555 N.W. 95TH STREET MIAMI FL 33150	

2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
99 APR 28 PM 4: 53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1a. Principal Place of Business Address
555 N.W. 95TH STREET MIAMI FL 33150

3. Date Organized or Qualified	3a. State of Formation
02/14/1996	FL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
65-0648860	
5. Date of Last Report	6. Certificate of Status Desired
05/01/1998	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent
GASTESI, RAUL JR. 9130 SOUTH DADELAND BLVD. STE 1509 MIAMI FL 33156

8. Name and Address of New Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
3000002866493
Suite, Apt. #, etc.
05/07/99-01022-002
City
FL
Zip Code
***188.75 ***188.75

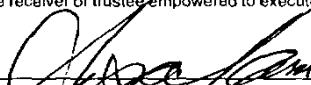
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of 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 removing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	TIMINSKY, JOHN E	555 NW 95TH STREET	MIAMI FL
MGRM	MANN-TIMINSKY, LISA	555 NW 95TH STREET	MIAMI FL

5-4-99

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER