

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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FILED
99 FEB 22 AM 9: 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 # L96000000185
MOSHE WEITZ, L.C. 244 POINCIANA DR. MIAMI FL 33160		

1a. Principal Place of Business Address
244 POINCIANA DR. MIAMI FL 33160

2 Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified		3a. State of Formation	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/19/1996		FL	
City & State		City & State		4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
65-0724894				5. Date of Last Report		6. Certificate of Status Desired	
03/18/1998						<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
WEITZ, MOSHE 244 POINCIANA DR. MIAMI FL 33160	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 400002789174 City 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 _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature is required for all filings)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	WEITZ, MOSHE	244 POINCIANA DR.	MIAMI FL
MGR	WEITZ, BEN-ZION B	244 POINCIANA DR.	MIAMI FL
MGR	WEITZ, JONATHAN D	244 POINCIANA DR.	MIAMI FL

LC
2-25-99

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: _____ DATE: 2/7/99
SIGNATURE AND TYPE OF TITLE OF SOURCE MANAGER OR MANAGER REQUIRED