File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. Secretary of State
DIVISION OF CORPORATIONS

OF CORPORATIONS LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE ANNUAL REPORT 1998 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental F36 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Malling Address Name and Malling Address of Limited Liability Company **DOCUMENT #** L9600000192 1a. Principal Place of Business Address MAGNUM U.S. INVESTMENTS, L.C. 18181 NE 31ST CT 18181 NE 31ST CT **SUITE 1107 SUITE 1107** NORTH MIAMI BEACH FL 33160 NORTH MIAMI BEACH FL 33160 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 02/20/1996 4. FEI Number FL Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 65-0646085 5. Date of Last Report 6. Certificate of Status Desired Zip Country Žip Country 88-75 Additional Fee Required 03/31/1997

8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent BLOCK, LARA 18181 N.E. 31ST CT. Street Address (P.O. Box Number is Not Acceptable) **SUITE 1107** Suite, Apt. #, etc. NORTH MIAMI BEACH FL 33160 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\_ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR METZ, CHERISE 18181 NE 31ST CT, SUITE 11 NORTH MIAMI BEACH FL MGR BLOCK, LARA 18181 NE 31ST CT, SUITE 11 NORTH MIAMI BEACH FL 9000024529<u>2</u>9---0 -03/10/98--01093--005 \*\*\*\*188.75 \*\*\*\*188.75 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 AID TYPED I'R PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

SIGNATURE: