


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	FILED 97 APR 17 AM 11:07
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company VERES INVESTMENT, L.C. 6301 COLLINS AVENUE SUITE 2703 MIAMI FL 33140		DOCUMENT #L96000000197 1a. Principal Place of Business Address 940 LINCOLN ROAD MIAMI BEACH FL 33139	
2. Principal Place of Business SAME Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 02/21/1996 3a. State of Formation FL 4. FEI Number 65-0663059 5. Date of Last Report 03-31-96 6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> Additional Fee Required	
7. Name and Address of Current Registered Agent SUGAR, EDMOND L ESQ. 950 SOUTH FEDERAL HIGHWAY HOLLYWOOD FL 33030		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 200002150372-5 -04/22/97-01039-009 FL 203.75 ***203.75	
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	VERES, GORGY	940 LINCOLN ROAD	MIAMI BEACH FL
MGRM	VERES, FERENC	940 LINCOLN ROAD	MIAMI BEACH FL
MGRM	MICROBROKER RT.,	HUVOSVOLGYI UT 75/A	1021 BUDAPEST HUNGARY
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: _____ <div style="text-align: right;">04/09/97 (305) 868-4595</div>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>			