
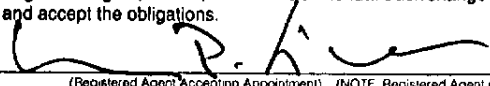
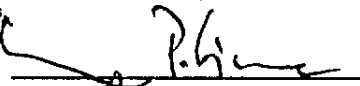


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
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 AMERICAN & OVERSEAS BROKERS LC. 1540 CALAIS DR MIAMI BEACH FL 33141		DOCUMENT # L96000000493 1a. Principal Place of Business Address 1540 CALAIS DR MIAMI BEACH FL 33141	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business 2953 NE. 2nd Ave Suite, Apt. #, etc.		2a. Mailing Address 2234 N. Federal Box 303 Suite, Apt. #, etc.	
City and State Boca Raton FL		City and State Boca Raton	
Zip 33431		Zip 33431	
Country Palm Beach		Country Palm Beach	
7. Name and Address of Current Registered Agent SIMON, GEORGE P 1540 CALAIS DR MIAMI BEACH FL 33141		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2953 NE. 2nd Ave. Suite, Apt. #, etc. City Boca Raton State FL Zip Code 33431	
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 05-04-97 (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	SIMON, GEORGE P	1540 CALAIS DR	MIAMI BEACH FL
MGRM	SZABO, ANDREA	65 LABELLA ST	BUDAPEST HUNGARY 1067
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:  George P. Simon 05-04 97 394-5490 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #			

FILED

97 JUN -6 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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