

2<sup>nd</sup> and  
**FINAL NOTICE:** File on or before Sept. 30, 1998 or Limited Liability Company will be dissolved. If dissolved, minimum amount due to reinstate: \$688.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 JUL 22 PM 4:08

<b>FILING FEE</b> \$ 588.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1 Name and Mailing Address of Limited Liability Company  <b>PUMP BY THE SEA L.C. 4353 NORTH OCEAN AVENUE LAUDERDALE BY THE SEA FL 33308</b>	<b>DOCUMENT #</b> L96000000602
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1a. Principal Place of Business Address  <b>4353 NORTH OCEAN AVENUE LAUDERDALE BY THE SEA FL 333</b>
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2 Principal Place of Business <b>PUMP BY THE SEA L.C.</b> Suite, Apt. #, etc. <b>4353 NORTH OCEAN DR.</b> City & State <b>LAUDERDALE BY THE SEA</b> Zip <b>33308</b> Country <b>FL.</b>	2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country	3. Date Organized or Qualified <b>05/31/1996</b> 4. FEI Number <b>65-0679639</b> 5. Date of Last Report <b>02/21/1997</b>	3a. State of Formation <b>FL</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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7. Name and Address of Current Registered Agent  <b>MONTELLO, LOUIS R 701 BRICKELL AVENUE SUITE 1200 MIAMI FL</b>	8. Name and Address of New Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City <b>FL</b> Zip Code <b>DA</b>
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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 reinstalling)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	J.A.A.I. CORP.,	9733 ARBOR OAKS LANE #201	BOCA RATON FL
MGRM	MAJOR AMERICAN MARKE,	6318 N.W. 23RD STREET	BOCA RATON FL

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\*\*\*\*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:  **JOSE BENZAOUEN** 7-20-98 (954) 7761490  
Date Daytime Phone #