

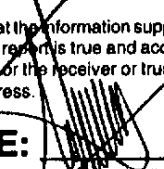


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 MAY -1 PM 4: 03 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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 WW TOWER, L.C. 2808 NE 112 AVE MIAMI FL 33172		DOCUMENT #L96000000714 1a. Principal Place of Business Address 2808 NE 112 AVE MIAMI FL 33172			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/03/1996	
City & State		City & State		4. FEI Number 65-0701823	
Zip		Zip		5. Date of Last Report	
Country		Country		3a. State of Formation FL	
				6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				6. Certificate of Status Desired <input checked="" type="checkbox"/> Additional Fee Required	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent		
SEVIN, NORMAN M 2550 DOUGLAS ROAD STE 300-A CORAL GABLES FL 33134			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			Suite, Apt. #, etc.		
			City		
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) DATE _____					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	NUCCI, AUGUSTO	3767 PINES LAKES DRIVE WIN FT LAUDERDALE FL			
PS	NUCCI, AUGUSTO	3767 PINES LAKES DRIVE WIN FT LAUDERDALE FL			
V	HIRSCH, ALEJANDRO	3767 PINES LAKES DRIVE WIN FT LAUDERDALE FL			
S	HIRSCH, ALEX R	3767 PINES LAKES DRIVE WIN FT LAUDERDALE FL			
					
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (f), 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: 		AUGUSTO J. NUCCI		2/25/97 (305) 418-4546	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	