*File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

subject to a	\$ 400.00	LAIL							
LIMITED LIA	BILITY CO	MPANY							
ANNU	JAL REPOR	RΤ							
1998									
FILING FEE \$ 188.75	Annual Re	port \$10							
\$ 188.75	Make Ch	eck Paya							
 Name and Ma of Limited Liab 	lling Address	DO							
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LIMITED LIABILITY COMPANY ANNUAL REPORT 1998 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS															
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE						≥e									
1. Name and Malling Address of Limited Liability Company DOCUMENT # L96000000714															
WW TOWER, L.C. 2808 NE 112 AVE MIAMI FL 33172						1a. Principal Place of Business Address 2808 NE 112 AVE MIAMI FL 33172									
2. Princip	al Place of Bus	ness	2a. Maili	ng Address	Address		3. Date	3. Date Organized or Qualified				3a. State of Formation			
Suite, Apt. #, etc. Suite, Apt			. #, etc.		07/0	07/03/1996 4. FEI Number			FL Applied For						
City & State City & Sta			te			65-0	65-0701823				Not Applicable				
Z ip		Country	Zip		Country			5. Date of Last Report			6. Certificate of Status Desired				
	7 Name	and Address of Current	Begintered	Agant				05/01/1997 Name and Address of New Regis			S8.75 Additional Fee Required				
	7. Maille	and Address of Current	uefistalen	Mani		Name	o. Name and	Address	OTNEW	negiste	erea Ageni/(mice			
SEVIN, NORMAN M 2550 DOUGLAS ROAD STE 300-A CORAL GABLES FL 33134						Street Address (P.O. Box Number Is Not Acceptable) 1000024873118 Suite, Apt. #, etc.									
					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.															
SIGNATU	RE	(Pagetand Apopt Accepting	Acroistment (N	OTE Banislavari	Agent eigenture	rea strad when reinch	atno		DATE						
10. Title	(Registered Agent Accepting Appointment) (NOTE Registered Agent signature) IO. Title Managing Members/Managers Busine								City, 8	ity, State and Zip Code					
MGR	NUCCI,	AUGUSTO		3767	PINES	LAKES	DRIVE	WIN	FT	LAU	DERDAL	E	FL		
PS	NUCCI,	AUGUSTO		3767	PINES	LAKES	DRIVE	MIN	FT	LAU	DERDAI	E	FĹ		
v	HIRSCH	, ALEJANDRO)	3767	PINES	LAKES	DRIVE	WIN	FΤ	LAU	DERDAL	E	FL		
S	HIRSCH	, ALEX R		3767	PINES	LAKES	DRIVE	WIN	FT	TT LAUDERDALE FL					
						•				AL.	ÁPR	{	3 1996/		

11. Ido hereby certify that the information supplied with this filling 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 eath; that I am a managing member or manager of the limited liability company or the receiver of trustee and that my name appears in Block 10, or on an attachment with an address.