
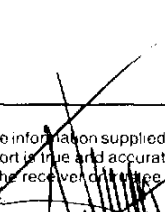


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing 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. Principal Place of Business 2701 NW 107th AV Suite, Apt. #, etc. 201 City & State MIAMI, FL Zip 33172 Country USA	2a. Mailing Address 2701 NW 107th AV Suite, Apt. #, etc. 201 City & State MIAMI, FL Zip 33172 Country USA	3. Date Organized or Qualified 07/03/1996	3a. State of Formation FL
		4. FEI Number 65-0701823	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report 04/06/1998	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent SEVIN, NORMAN M 2550 DOUGLAS ROAD STE 300-A CORAL GABLES FL 33134		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 2808 NE 112 AVE -04/27/99--01054--013 City ****108, FL ****108, FL FL	
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 _____	
(By Registered Agent Accepting Appointment) (SOLE Registered Agent Signatures and when more than one)			
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
V	AUGUSTO A NUCCI	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)(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: 		AUGUSTO J NUCCI MGR 4-16-99 305-418-4546	