


**2nd NOTICE:** Limited Liability Company Will Be Dissolved On Or After October 8, 1997. If Dissolved, Minimum Amount Due To Reinstate: \$703.75

FILED

Sep 02 1997 8:00 am  
Secretary of State

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> \$ 588.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 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  
**DOCUMENT #L96000000740**

ALL AMERICAN VAN LINES, L.C.  
1340 STIRLING ROAD  
STE 3B  
DANIA FL

1a. Principal Place of Business Address

1340 STIRLING ROAD  
STE 3B  
DANIA FL

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business 3101 SW 25th Street Suite, Apt. #, etc. Bay #106 City & State Pembroke Park FL Zip 33009 Country USA	2a. Mailing Address 3101 SW 25th Street Suite, Apt. #, etc. Bay 106 City & State Pembroke Park FL Zip 33009 Country USA
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3. Date Organized or Qualified 07/11/1996	3a. State of Formation FL
4. FEI Number 65-0679145	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

SMOLEY, ROBERT A ESQ.  
1820 NO UNIVERSITY DRIVE  
PLANTATION FL 33322

8. Name and Address of New Registered Agent

Name Same  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, etc.  
City FL 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(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	TISHBY, RON	19255 NE 10TH AVENUE	NO MIAMI BEACH FL
MGRM	ALMOG, EREZ	23-23 VAN BUREN STREET STE	HOLLYWOOD FL → N/A
			200002285182--B -09/04/97--01099--013 *****588.75 *****588.75
			<b>KWM</b>

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: RON TISHBY PRESIDENT 08.07.97 954-984-1116