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

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 OCT 14 PM 12:37

FILING FEE	Annual Report $100.00 + $103.75 Corporation Supplemental Fee
$ 203.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L96000000896

842 MERIDIAN AVENUE, L.L.C.
2419 NORTHMERIDIAN AVENUE
MIAMI BEACH FL 33140

1a. Principal Place of Business Address

2419 NORTHMERIDIAN AVENUE
MIAMI BEACH FL 33140

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

3. Date Organized or Qualified	3a. State of Formation
08/22/1996	FL

4. FEI Number: 52-1992030 ☐ Applied For ☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired $8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

Stratton, Douglas D. Esq.
407 Lincoln Road
Suite 2B
Miami Beach, FL 33139

8. Name and Address of New Registered Agent

Name: Joseph Weiner
Street Address (P.O. Box Number is Not Acceptable): 2419 NorthMeridian Avenue
Suite, Apt. #, etc.:
City: Miami Beach FL Zip Code: 33140

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 10.12.98
(Registered Agent Accepting Appointment) (FIRST Registered Agent signature required when amending)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MANAGING MEM	Joseph Weiner	2419 NORTH MERIDIAN AVE.	MIAMI BEACH FL

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****588.75 ****588.75

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: _____ Joseph Weiner, Manager 10/12/98 (305) 673-0206
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL MANAGING MEMBER OR MANAGER — Date — Daytime Phone #