
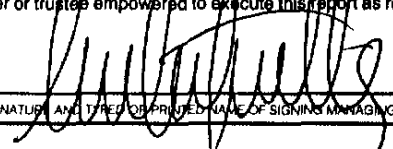


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
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 DOCUMENT # L96000000944 M&M RIVER INVESTMENTS, L.C. 419B ESPANOLA WAY MIAMI BEACH FL 33139		1a. Principal Place of Business Address 419B ESPANOLA WAY MIAMI BEACH FL 33139	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business 55 SW MIAMI AVE RD. Suite, Apt. #, etc.		2a. Mailing Address 55 SW MIAMI AVE ROAD Suite, Apt. #, etc.	
City & State MIAMI		City & State FLORIDA	
Zip 33130	Country	Zip	Country
3. Date Organized or Qualified 09/04/1996		3a. State of Formation FL	
4. FEI Number 65-0691150		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired <input type="checkbox"/> Set for Additional Fee Required	
7. Name and Address of Current Registered Agent WEIDER, NORMAN S ESQ. 100 SE 2ND STREET STE 3910 MIAMI FL 33131		8. Name and Address of New Registered Agent Name 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 _____ (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
MGRM	GUILLEN, MARIA M	419B ESPANOLA WAY	MIAMI BEACH FL
MGRM	MIRALDA, ANTONI	419B ESPANOLA WAY	MIAMI BEACH FL
MGRM	ECHENONE, URSULA	199 OCEAN LINE STE 709	KEY BISCAYNE FL
8000002074288--0 -01/31/97--01001--003 ****203.75 ****203.75			
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), 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 606, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: 		01/27/97 (305) 3731770 aw 1-30-97	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	