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

LIMITED LIABILITY COMPANY

APPROVED AND FILED

| , , | NNUAL H 199 | | | Secretar DIVISION OF C | | | 1 | 197 FEB 27 | | | | |
|--|--|---|------------------------------------|--|------------------------------|------------------|---|---|------------------------|---|--|--|
| | FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | | |
| 1 Name a | and Mailing Add ted Liability Cor | | | #L960000 | | | | | | | | |
| 9) SI | | | | | | | 1a. Principal P 9100 SOU SUITE 40 MIAMI FI |)4 | | BLVD. | | |
| | nailing address is al Place of Bus | incorrect in any way, Ilne i iness | | t Information and enting Address | er correctio | n in Block 2a. | 3. Date Organi | zed or Qualified | 3a. Stat | te of Formation | | |
| | | | | Apt. #, etc. | | | 09/20/1996 FI. 4. FEI Number Applied For | | | | | |
| Shrv City & State | | | City & St | City & State | | | Not Applicable | | | | | |
| Z _i p | | Country | Ζip | C | Country | | 5. Date of Last | Report | | icate of Status Desired | | |
| | 7. Name | and Address of Curr | ent Registered | Agent | | | 8. Name and Ad | dress of New Re | gistered | Agent | | |
| SULTE MT AMT 9. Pursua its register | 404 FT. 331 ant to the provisited office or regized agent, and | sions of Sections 608.4 istered agent, or both, in accept the obligations | 16 and 608.508 the State of Flo | rida. Such change i | Ci the above was autho | ly -named limite | ed liability company native vote of a majo | FL submits this state | Zip Cod | he purpose of changing accept the appointment | | |
| 10 . Title | Ma | (Registered Agent Acceptions) naging Members/Mana | | (NOTE Registered Agent signature required when reinstate Business Street Address | | | | City | ly, State and Zip Code | | | |
| MEM | WITNER, | R, BARRY YVES BRIGITE | • | 630 SABAI | L PAI | ADELANI | D. | MIAMI F | L L | L473 | | |
| 11 I do he | reby certify that | the information supplie | d with this filing o | does not qualify for t | the exemp | tion stated in l | Section 119.07(3) (i) as if made under oa |), Florida Statutes. ath; that I am a ma | . I further co | ertify that the information amber 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.

| SIG | NA | TU | JR | E |
|-----|----|----|----|---|
|-----|----|----|----|---|

Ives Witner

02/14/97

(305)670-7887

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER OF MANAGER