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

APPROVED AND FILED

1997 FEB 21 AM 12: 09

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FILING \$ 203.								SECRETARY OF STATE TALLAHASSEE. FLORIDA			
1. Name and Mailing Address of Limited Liability Company DOCUMENT #L9600001031											
W	ORLD OP	PICAL II,	L.C.	1a. Principal Pla	1a. Principal Place of Business Address						
204 THREE ISLANDS BLVD.							204 THREE ISLANDS BLVD.				
#107 HALLANDALE FL 33009							#107 HATJANDAI	#107 HALLANDALE FL 33009			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.											
				ling Address			3. Date Organize	3. Date Organized or Qualified 3a. State of Formation			
Cuita Ant H ata				of # etc			10/01/1996 FL				
Suite, Apt. #, etc.			Suite, Api	Suite, Apt. #, etc.				4. FEI Number Applied For			
City & State C				City & State				65-0711521 Not Applicable			
Zip Country			Zip	Zip Country			5. Date of Last F	5. Date of Last Report 6. Certificate of Status Desired			
•		•				*			\$8.75 Addi	tional Fee Required	
7. Name and Address of Current Registe			t Registered	Agent		Name	8. Name and Add	8. Name and Address of New Registered Agent			
IARRIS, RUSK							Name :				
204 THREE ISLANDS BLVD. 107						Street Address (P.O. Box Number is Not Acceptable)					
MATILANDALE FL 33000						Suite, Apt. #,	Suite, Apt. #, etc.				
					City			Zip Code			
its register	red office or regis	ons of Sections 608.410 stered agent, or both, in t accept the obligations.	and 608.508, he State of Flor	Florida ida. Su	Statutes, the ch change was	above-named lim s authorized by affi	ited liability company s rmative vote of a majori	submits this state ity of the member	ement for the s. I hereby a	e purpose of changing accept the appointment	
SIGNATU	IRE			OVE B				DATE			
(Registered Agent Accepting Appointment) (NOTE: Regis 10. Title Managing Members/Managers						alure required when reins		City, State and Zip Code			
							<u></u>				
ÆM .	HARRIS, RUSK 2			04 THREE ISLANDS BLVD			BLVD., #	O., # HALLANDALE FL			
IEM	SINGER, JEFF 2			04	04 THREE ISLANDS BLVD., # I			IALLANDALE FI			
,							201	0002(-02/25/ *****20	7970 7970 73.75	0222 1110-012 ****203.75	
/										KALIPA	
11. I do he	reby certify that t	he information supplied port is true and accurat	with this filing d	oes not	qualify for the	exemption stated i	n Section 119.07(3) (i), at as if made under oat	Florida Statutes. h; that I am a ma	I further cer	rtify that the information nber or manager of the	

11. Ido hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther 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.

Rus HAMPIS 2/3/97 (954) 9772-5553

SIGNATURE:

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

Date Daytime Phone #