


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
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FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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FILED
97 APR -7 AM 8:27

1. Name and Mailing Address of Limited Liability Company	DOCUMENT # L96000001103
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B.N.H., L.C.
5355 TOWN CENTER ROAD
SUITE 801
BOCA RATON FL 33486

1a. Principal Place of Business Address

5355 TOWN CENTER ROAD
SUITE 801
BOCA RATON FL 33486

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		3. Date Organized or Qualified		3a. State of Formation	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/16/1996		FL	
City & State		City & State		4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Date of Last Report		6. Certificate of Status Desired	
33486				33486		FL \$8.75 Additional Fee Required <input type="checkbox"/>	

7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
ENGELHARD, SHELDON 5355 TOWN CENTER ROAD SUITE 801 BOCA RATON FL		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL	

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 reinstalling)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	MAIZES, ISAAC	680 THIRD AVENUE, 18TH FLO	NEW YORK NY 10022
MGR	MAIZES, ISAAC	5355 Town Center Rd Suite 801	Boca Raton, FL 33486
			300002137733--5 -04/09/97--01063--006 ****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) (f), 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date _____ Daytime Phone # _____