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

INHSE10 R(12-96)

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	LIABILITY COMPANY NNUAL REPORT 1997		Sandra B. Mo Secretary of S	DRIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED			
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ILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fe \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF					97 MAY -1 AN 9: 38				
Name and Malling Address of Limited Liability Company							MWK		
41	201 NW 54TH ST, 19 WEST 49TH ST IALEAH FL 33012	REET, #:	106	6		419 WEST 49TH STREET, #106 HIALEAH FL 33012			
	h annungu M	oo through incorre	of information and enter con	rrection in Block 2a.				ation	
If above mailing address is incorrect in any way, tine through Incorrect I Principal Place of Business 2e. Mallin			lling Address	Address		3. Date Organized or Qualified 3a. State of Formation		auon	
Suite Ant.			.pt. #, etc.	#, etc.		10/16/1996 FL 4. FEI Number			
Suite, Apt. #, etc.			·			65-0704511			
City & State City &			itate		1 -		6. Certificate of S	Not Applicable	
Zip	Country	Z ıp	Cour	itry	5. Date of Last F	teport	Str. 75 Additional Fe		
	7. Name and Address of C	urrent Registere	ed Agent		8. Name and Add	ress of New Reg	lstered Agent		
419 W	NE 2ND AVE, L.O JEST 49TH STREET CAH FL 33012	c. r, #106		Street Address Suite, Apt. #, e					
			·	City		FL	Zip Code		
its registe as registe	ant to the provisions of Sections 6 ered office or registered agent, or bo ered agent, and accept the obligati URE	ions.	Torrida. Gastrona. 1go	•		submits this state ity of the member	ment for the purp s. I hereby accept t	he appointment	
The state of the s				iness Street Addre				de	
10. Title MEM			419 WEST	49TH STR	EET, #106 HIALEAH FL 330/			3012	
MGR	noward D		1801 CENT		•	ما.	GELES CA	90067	
MGR	FISHER, JAMES Q 1801 CENT		URY PARK	•	مان	GELES CA	•		
MGR	FISHER, RICHAR	மைப	1801 CENT	URY PARK	EAST, #2	LOS ANO	GELES CA	9006.	
					9	00002 -05/0 ****	21718 98/97011 203.75 *	89 18030 ***203.7	
indicate limited I attachm	hereby certify that the information s ad on this annual report is true and liability company or the receiver or ment with an address.	supplied with this faccurate and that trustee empower	filing does not qualify for the triny signature shall have ed to execute this report	as required by Cha	in Section 11B.07(3) ect as if made under o pter 608, Florida Stat S. Q. FISHER	i), Florida Statuter eath; that I am a m utes; and that my	s. Hurther certify the sanaging member name appears in a social series of the sanaging member of the sanaging series of the sanaging seri	DIOCK 10, 01 011	