subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE				MILED			
ANNUAL REPORT: Secretary of State 1998 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee				98 MAY 20 PM 4: 23			
\$ 188	.75 Make Check Payable 1			<u> </u>	ALL AHASSE	OF STATE E, FLOREIA	
Name of Limi	and Mailing Address ted Liability Company DOCU	MENT#	00000604				
ASSET BETA CAPITAL, L.L.C.				1a. Principal Place of Business Address			
	2851 3 OCEAN BLVD BOCK RATON FL 3343	APT 5K Q<	8-1-7 M		S OCEAN I RATON FL	BLVD APT 5K 33432	
2. Princip	al Place of Business	2a. Mailing Address	V	3. Date Orga	anized or Qualified	3a. State of Formation	
900 Bay DRIVE 900 Suite, Ap		900 BAY DE	BAY DEIVE		/1997	FI.	
APT, 726 AP		APT 726 City & State				Applied For	
	Beach, FL	Miami Beach,	FL	5. Date of Le	0763 40	6. Certificate of Status Desire	
^{Zip} 331	+1 Country	33141	Country USA			SB.75 Additional Fee Required	
	7. Name and Address of Current		8.	Name and Add	ress of New Regis	stered Agent/Office	
SALAI	NI, SERGIO		SALAN				
2051	S OCEAN BLVD APT	5 K	900 B		P.O. Box Number is Not Acceptable)		
			Suite, Apt. #, etc	726			
			City	Reach	EI	Zip Code	
	int to the provisions of Sections 608.416 and office or registered agent, or both, in the						
	red agent, and accept the obligations.	.			,,		
SIGNATURE							
10. Title	Managing Mombors/Managers		Business Street Address		City	City, State and Zip Code	
MEM	TERLIZZI, JAMES	l	OC # 126	3.D	MIAMIS	• •	
	•	2851 S.	OOSA G COTTO		BOCA I	VATON FL	
MGRM	SALANI, SERGIO	900 BAY	900 BAY DR #726		MIAMI BEACH FL		
				1	0002 -05/27 *****);	536 981 \$ /9801083015 88.75 ****188.79	
	<i>f</i>						

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: LEVÀ OSTIL

3/29/98 (800) 600 9161 ext 227