File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.



FILEO

|  | ANNUAL REPORT  1998   | Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |                                      |                              |   |  | SECRETARY OF STATE DIVISION OF CORPORATIONS  98 MAY 22 PM 4:   2 |   |                              |   |  |      |
|--|---|---|--------------------------------------|------------------------------|---|--|--|---|------------------------------|---|--|------|
| FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE  1 Name and Mailing Address of Limited Liability Company  DOCUMENT # L9700000772  |   |   |                                      |                              |   |  |  |   |                              |   |  |      |
| American Superior Holding Company, L.C. 8669 N.W. 36th Street, Suite 100 Miami, FL 33166   |   |   |                                      |                              |   |  | 1a. Principal Pla  |   |                              |   |  |      |
| 2. Princip   | al Place of Business  | 2a. Mailing Address   |                                      |                              |   |  | 3. Date Organiz  July 16   |   |                              |   | e of Forma<br>rida                                 | tion |
| Suite, Apt   | . #, etc.   | Suite, Apt. #, etc.   |                                      |                              |   |  | 4. FEI Number  | , 199                                     | /                            | FIU   | TIUA   |      |
| City & Sta   | tto   | City & State  |                                      |                              |   |  | 65-0781199 Applied For Not Applicable                            |   |                              |   |  |      |
| <b>Z</b> ıp  | Country   | Zip   |                                      | Cour                         | ilry  |  | 5. Date of Last I  | Report                                    | ١.                           | 6. Certificate of Status Desi<br>\$8.75 Additional Fee Required |  |      |
| 7. Name and Address of Current Registered Agent  |   |   |                                      |                              | 1   | 8. N   | Name and Address of New Registered Agent/Office                  |   |                              |   |  |      |
|  |   |   |                                      |                              |   | reet Address (P.O. Box Number is Not Acceptable) |  |   |                              |   |  |      |
| 101 North Gadsden Street<br>Tallahassee, FL 32301  |   |   |                                      |                              | 300025369332<br>Sulte, Apt. #, etc0572779801083024<br>****188.75 ****188.75 |  |  |   |                              |   |  |      |
|  |   |   |                                      |                              | City  | FL Zip Code                                      |  |   |                              |   |  |      |
| 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 SALVAGE AND AND A STATE AND |   |   |                                      |                              |   |  |  |   |                              |   |  |      |
| <b>10.</b> Title   | Managing Members/Managers   |   |                                      |                              | ess Street  |  | • •  | 1   | City, S                      | tate and  | Zip Code   |      |
| MGR<br>MGR<br>MGR<br>MGRM<br>MGR   | Will ram Van Meter<br>John D. Morgan<br>Timothy A. Renfro<br>Louis M. Berman<br>Bruce A. Peters<br>William S. Latta |   | 8669<br>8669<br>8669<br>8669<br>8669 | N.W.<br>N.W.<br>N.W.<br>N.W. | 36th<br>36th<br>36th<br>36th<br>36th  | St.,<br>St.,<br>St.,<br>St.,                     | Ste.100<br>Ste.100<br>Ste.100<br>Ste.100<br>Ste.100<br>Ste.100   | Miam:<br>Miam:<br>Miam:<br>Miam:<br>Miam: | i, F<br>i, F<br>i, F<br>i, F | FL<br>FL<br>FL<br>FL  | 33166<br>33166<br>33166<br>33166<br>33166<br>33166 |      |
| MGRM<br>MGR  | Gregory Hudson<br>Vincent Berta   |   |                                      |                              |   |  | Ste.100<br>Ste.100   |   |                              |   | 33166<br>33166                                     |      |
| ¥  |   |   |                                      |                              | <del></del>   |  |  |   |                              |   |  |      |

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), 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 received in 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 THE O OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER