


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 SEP 13 PM 1:45	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L97000000772		1a. Principal Place of Business Address	
AMERICAN SUPERIOR HOLDING COMPANY, L.C. 8669 N.W. 36TH STREET, SUITE 100 MIAMI FL 33166				8669 N.W. 36TH STREET, SUITE MIAMI FL 33166	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/16/1997	
City & State		City & State		3a. State of Formation	
Zip		Zip		FL	
Country		Country		4. FEI Number	
				65-0781199	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report	
				05/22/1998	
				6. Certificate of Status Desired	
				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office	
SOX, RICHARD N JR 101 N GADSDEN ST TALLAHASSEE FL 32301				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 _____					
(If Principal Agent Accepting Appointment, (If Not, Registered Agent Signature required when named agent))					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	VAN METER, WILLIAM	8669 N.W. 36TH STREET, SUI		MIAMI FL	
MGR	MORGAN, JOHN D	8669 N.W. 36TH STREET, SUI		MIAMI FL	
MGRM	RENFRO, TIMOTHY A	8669 N.W. 36TH STREET, SUI		MIAMI FL	
MGR	BERMAN, LOUIS M	8669 N.W. 36TH STREET, SUI		MIAMI FL	
MGRM	PETERS, BRUCE A	8669 N.W. 36TH STREET, SUI		MIAMI FL	
MGRM	LATTA, WILLIAM S	8669 N.W. 36TH STREET, SUI		MIAMI FL	
MGRM	HUDSON, GREG D	8669 N.W. 36TH STREET, SUI		MIAMI FL	
MGR	DUER, RICHARD	8669 N.W. 36TH STREET, SUI		MIAMI FL	
MGR	BERTA, VINCE A	8669 N.W. 36TH STREET, SUI		MIAMI FL	
11. I 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 included 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: <i>W. A. Harris</i>		9/2/99		(305) 592-9060	
I 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 included 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.					