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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 MAY - 6 AM H: 36

\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE									JOHAN O ANTI- 30					
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L9700000995														
American Superior Management Company, L.C.								1a. Principal Place of Business Address						
8669 N.W. 36th Street, Suite 100 Miami, FL 33166														
M1a	im1, FL	33166					ļ							
					an Adduses				\	d or Overflad	100 0	3a. State of Formation		
2. Principal Place of Business 2a. Mi			Za. Maliir	iling Address				3. Date Organized or Qualified Sept. 10, 1997						
Sulte, Apt. #, etc. Sui			Suite, Apt	ite, Apt. #, etc.					FEI Number					
City B Course			City & Sta	v R State					65-0788806				od For	
City & State			Old & Ste	City & State							Not Applicable 6. Certificate of Status Desired			
Zip	Zip Country		Zip Cou			try		5. Date of Last Report			58.75 Additional Fee Required			
			Posterord	John of Agent			D. Normand Address of t			of New Registered Agent/Office				
7. Name and Address of Current Registered #						Name						stered Agenbonice		
William B. Graham						Street Address (P.O. Box Number Is Not Acceptable)								
Graham & Moody, P.A. 101 North Gadsden Street					Street Address (*				4000025214442					
Tallahassee, FL 32301						Suite, A	pt. #, etc.	-05/13/9301013014						
					City					****188.75 ****188.75				
						FL					Zip Code			
9. Pursua	ed limited	liability com	pany si	ubmits this state	ement for	r 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.												ominienii.		
SIGNATURE DATE												أ		
(Aegeliered Agent Accupting Apos otheren) ((KOTE Registered Agent signature re							es Street Address City, State and Zip Code							
MGR							th St.,Ste.100							
MGR		m Van Meter								Miami,		33166		
MGR									Miami,		33166			
MGR MGR									Miami, Miami,		33166 33166			
MOR	Kichar	a Duel		0003	14 • ** •	J0011	50.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.00	iiiumi ,		33100		
			١											
													-	
,			,											
•									ľ				.]	
		all a fadio accepts to the second of the sec	th this All !		sih forther	uamption =	otadin C	otion 440 O	7/21/0 5	itorida Statutas	lfupths:	aarifuthatti = (=)	formation	

11. Ido 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 receiver or fruitee 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