Daytime Phone #

2nd and File on or before Sept. 29, 1999 or Limited Liability Company FINAL NOTICE: will be dissolved. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY FILED Katherine Harris ANNUAL REPORT Secretary of State 1999 **DIVISION OF CORPORATIONS** 99 OCT 19 AH 9: 01 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee SECRETARY OF STATE \$ 588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA Name and Mailing Address of Limited Liability Company **DOCUMENT #** L97000001392 1a. Principal Place of Business Address ALBERO, L.C. % ROZENCWAIG & -ROTH-CORTINA % ROZENCWAIG & ROTH-CORTINA ONE S.E. 3RD AVENUE, SUITE 960 MIAMI FL 33131 ONE S.E. 3RD AVENUE, SUITE 9 MIAMI FL 33131 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 11900 BISCAYNE BLVD. 11900 BISCAYNE BLVD. 12/12/1997 FL Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For STE. 100 803 803 STE. #00 City & State City & State Not Applicable 65-0799732 Miami, Florida <u>Miami, Florida</u> 5. Date of Last Report 6. Certificate of Status Desired Country Shi7h Addition of her Required. USA 33181 33181 USA 04/29/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office ROZENCWAIG & GRANOFF POZNOBESLIE ALAN ROZENOWAIG, ESQ. ROZENCWAIG & ROTH-CO, RTINA-ONE S.E. 3RD AVE., SUITE 960 MIAMI FL 33131 Street Address (P.O. Box Number is Not Acceptable) One S.E. Third Avenue, Ste. 960 Suite Ant # etc. STE. 960 City Zip Code 33131 Miami 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 obligation. SIGNATURE ent Access (Appointment) (NOTE: Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM CYTRYNBAUM, MARIO 1 S.E. 3RD AVE., SUITE 960 MIAMI FL 11900 BISCAYNE BLVD., STE. 400 700003023147----10/25/99--01006--009 ****588.75 ****588.7S 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. Hurther cer 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 trustee empowered to execute this report as required by Chapter 806, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

SIGNATURE: