

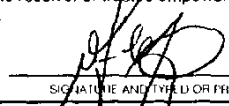


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED
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DIVISION OF CORPORATIONS
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LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
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 # 198000000076 CBES, CONCRETE BLOCKS, EQUIPMENT SERVICES OF AMERICA, I.C. % MICHAEL FELDENKRAIS, P.A. 12000 BISCAYNE BLVD., SUITE 220 MIAMI FL 33181		1a. Principal Place of Business Address % MICHAEL FELDENKRAIS, P.A. 12000 BISCAYNE BLVD., SUITE MIAMI FL 33181	
2. Principal Place of Business 13811 Roanoke Suite, Apt. #, etc.	2a. Mailing Address 13811 Roanoke Suite, Apt. #, etc.	3. Date Organized or Qualified 01/15/1998	3a. State of Formation FL
City & State Davie, Florida	City & State Davie, Florida	4. FEI Number 65-0810415	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33325	Country USA	5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent FELDENKRAIS, MICHAEL P.A. 12000 BISCAYNE BLVD., SUITE 220 MIAMI FL 33181		8. Name and Address of New Registered Agent/Office Name Michael Feldenkrais, Esq. Street Address (P.O. Box Number is Not Acceptable) 290 NW 165 Street Suite, Apt. #, etc. Plaza 100 City Miami FL Zip Code 33169	
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 4/22/99 (Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	BOETTCHER, ERICH DIETR	1201 SW 141 AVENUE, APT S	PEMBROKE PINES FL
600002866356--9 -05/07/99--01017--010 ****188.75 ****188.75			
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 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:  4/22/99 (954) 205-1024 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER FOR MANAGER			