
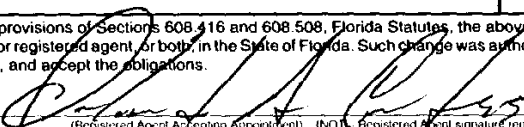
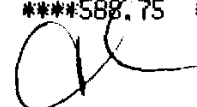
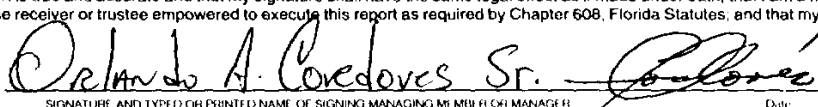


2nd and File on or before Sept. 29, 1999 or Limited Liability Company
FINAL NOTICE: will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE Annual Report \$100.00 + \$68.75 Corporation Supplemental Fee + \$400.00 Late Fee \$ 588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000000383 PRIME REAL-ESTATE INVESTMENT AND MANAGEMENT ENTERPRISES, L.L.C. 7270 N.W. 12TH STREET, PH-I MIAMI FL 33126		1a. Principal Place of Business Address 7270 N.W. 12TH STREET, PH-I MIAMI FL 33126	
2. Principal Place of Business 6538 Collins Ave. Suite, Apt. #, etc. 427 City & State Miami Beach, FL Zip 33141 Country USA	2a. Mailing Address N/A. Suite, Apt. #, etc. City & State Zip Country	3. Date Organized or Qualified 03/27/1998	3a. State of Formation FL
4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
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 BRODIE, SIDNEY Z ESQ. 7270 N.W. 12TH STREET, PH-I MIAMI FL 33126		8. Name and Address of New Registered Agent/Office 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 7-23-99 (Registered Agent Accepting Appointment) (NOT Registered Agent signature required when reappointing)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	CORDOVES, ORLANDO A SR	536 LONGVIEW PLACE	CLIFFSIDE PARK NJ
MGRM	CARNICER, JUAN C	536 LONGVIEW PLACE	CLIFFSIDE PARK NJ
			400002963794--9 --08/25/99--01066--01B ****588.75 ****588.75 
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:  17-23-99 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone # 305-895-0057			