File on	or before May 1, 1999 or	Limited	Liability (Comi	oany will be	•			
LIMITED LIABILITY COMPANY ANNUAL REPORT FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State							57 1	LED	
1999 DIVISION OF CORPORATIONS						1			
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE						99 FEB 22 AM 8: 58			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000003140						SECRETARY OF STATE TALL AHASSEE, FLORIDA 18. Principal Place of Business Address			
J.J. STARFIND, L.L.C. C/O LEO & GLORIA MARTIN BRISTOL TOWER, 2127 BRICKELL AVE., PH 3602 MIAMI FL 33133						C/O LEO & GLORIA MARTIN			
2 Principal Place of Business 2a. Mailir			ng Address			3. Date Organiz	ed or Qualified	3a. Sta	ite of Formation
Suite, Apt. #, etc. Su			uite, Apt. #, etc			1	2/11/1998 FL		
, , , ,					4. FEI Number			Applied For	
City & State C			City & State						Not Applicable
Zip	Country	Zip		Country	/	5. Date of Last F	тероп		ficate of Status Desired
7. Name and Address of Current Registered Agent 8. Name						Name and Addres	s of New Regis	lered Ag	ent/Office
M & V 2101 BOCA	107	107		Street Address (P.O. Box Number is Not Acceptable)					
BOCA	Suite, Apt. #, etc.			3000027893535 -02/26/9901111022 ****188.75					
City						Zip Code			
its register	ant to the provisions of Sections 608 416 red office or registered agent, or both, in the red agent, and accept the obligations.	and 608,508, State of Flor	, Florida Statutes rida. Such chang	s, the ab je was au	ove-named limited thorized by affirma	liability company s tive vote of a majorit	ubmits this state	ment for t s Thereby	the purpose of changing accept the appointment
SIGNATU	JRE					!	DATE _	_	
(Registered Agent Accepting Approximately) (N 10. Title Managing Members/Managers			OB: Registered Agent signal ite required who increated appropriate part of Business Street Address			0	City, State and Zip Code		
MGR	GR MARTIN, LEO 212				127 BRICKELL AVENUE,			FL	
							2-1	15-99	
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 trustee employeed 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: MO MO SIGNATURE SIGNATURE AND THE SIG									

INHSE10 R (12-98)