


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # M94000000007		1a. Principal Place of Business Address	
DUAMEX L.L.C., L.C. 2003 NORTHWEST 70TH AVENUE MIAMI FL 33122				2003 NORTHWEST 70TH AVENUE MIAMI FL 33122	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/23/1994	
City & State		City & State		CT	
Zip		Country		4. FEI Number	
				06-1385354	
				5. Date of Last Report	
				02/08/1996	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent			
WIRTH, THOMAS C 2003 NORTHWEST 70TH AVENUE MIAMI FL 33122		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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	WIRTH, THOMAS C	2003 NORTHWEST 70TH AVENUE MIAMI FL			
300002097013--U -02/25/97--0110--006 ***203.75 ***203.75					
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (f), 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: _____					
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER					
Date 2/8/97 Daytime Phone # 203-250-6870					