File on	or before	May 1, 1999 or 0.00 LATE FEE	Limite	d Liability Com	npany will t	De				
LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS							FILED co MPR -9 PH 5: 00			
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee						e d	S CREAMY COSTAIN			
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address of Limited Liability Company DOCUMENT # 200069						╡			NO A	
							ace of Business	Address	<u></u>	
BERNEL ASSOCIATES, L.C. 752 W. FLAGLER ST MIAMI FL 33130						1	752 W. FLAGLER ST MIAMI FL 33130			
2 Principal Place of Business 2a			2a. Maii	ing Address	3. Date Organiz	red or Qualified	3a. State	of Formation		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			12/27/				
				·	4. FEI Number	4. FEI Number Applied For				
City & State			City & St	City & State			65-0088963 No			
Zip Country			Zip Country			1	5. Date of Last Report 6. Certificate of Status Desired \$8.75 Additional Fee Required			
7. Name and Address of Current Register			Registered	I Agent 8		03/23/1998 Name and Address of New Regis				
KLOTZ, MARIANN 752 WEST FLAGLER ST., #105 MIAMI FL 33130					Suite, Apt. #, et	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. Thereby accept the appointment as registered agent, and accept the obligations.										
SIGNATURE (Registered Agent Accepting Appointment) (NOTE Registered Agent signature tensored which remotitions										
10. Title	Managing Members/Managers			Busine		City, State and Zip Code				
M M	FRANK,	LESTER H. BERNICE E.		752 WEST		•	MIAMI IMAIM			
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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. Hurther 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: Deruce . Truck							417199		545-8927	
		SIGNATURE AND TYPE	OREBRINGEDA	dami de significi Manacone, i	MENTEL HOH MALASEH		Dirs		gtina filosofik	