File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.												
LIMITED LIABILITY COMPANY  ANNUAL REPORT  1998  FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS							SECRETARY OF STATE					
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE								98 APR 20 AM 11: 27				
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE  1. Name and Mailing Address of Limited Liability Company  DOCUMENT # 200101											4/21	
W S MIAMI INTERNATIONAL, L.C. 1110 BRICKELL AVENUE SUITE 204 MIAMI FL 33131								1a. Principal Place of Business Address  1110 BRICKELL AVENUE SUITE 204 MIAMI FL 33131				
2. Principal Place of Business 2a				a. Mailing Address				3. Date Organi	zed or Qualified	3a. State	of Formation	
Suite, Apt	#, etc.	Suite, Apt. #, etc.					05/12/1989 FL					
City & Sta	te	City & State							, I	Applied For		
								65-0122 5. Date of Last		6. Certific	Not Applicable ate of Status Desired	
<b>Zip</b> Country			Zip Countr			ry	02/25/199			SB 75 Addit	ional Fee Hequired	
7. Name and Address of Current Registered				Agent	Name	8. 1			glatered Agent/Office			
SMITH, ALFRED G. SHUTTS & BOWEN 1500 MIAMI CENTER, 201 S. BI MIAMI FL 33131					Street Address			(P.O. Box Number is Not Acceptable)				
MIAMI FL 33131							Conto, rept. #, title.					
					City			Zip Code				
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  DATE												
SIGNATURE (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating)									DATE Apr	X 8/	198	
10. Title Managing Members/Managers						ess Street Address			City, State and Zip Code			
М	W S MI	AMI, INTERNI	AITON	1110	BRICE	KELL .	AVEN	UE, SUI	IMAIM	FL		
м	TAPIA, ARTURO 1110				0 BRICKELL AVE.			#204	MIAMI	FL		
									00002 -05/06 ****1	514 798-0 88.75	<b>C111</b> 1103012 ****188.75	
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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. 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: ACTUVO TAPIA ASSISTANCE DISTANCE DIST												