LIMITED LIABILITY ( ANNUAL REPO 1997	67 S S S S S S S S S S S S S S S S S S S	FLORIDA DEPART Sandra B. Secretary	Mortham of State	Apr 2 <sup>°</sup>	FILED 1 1997  8:00 am
		DIVISION OF CC 103.75 Corporation Supple	mental Fee	Secr	etary of State
1. Name and Mailing Address of Limited Llability Compar		ENT #200121	INT OF STATE	MELAHMOOLD	
DEUTSCH/IR 12000 BISC SUITE 810 MIAMI FL 3	RELAND COMPAN CAYNE BLVD. 33181-2742	NIES, L.C.		1a. Principal Place of Busine 12000 BISCAYNE SUITE 810 MIAMI FL 33181	BLVD.
If above mailing address is income 2. Principal Place of Business		ncorrect information and enter I. Mailing Address	correction in Block 2a.	3. Date Organized or Qualifie	ed 3a. State of Formation
				08/16/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	FL Applied For
City & State	Ci	ty & State		65-0136189	Not Applicable
Zip	untry Ži		untry	5. Date of Last Report	6. Certificate of Status Desired
			circle y	06/10/1996	\$8.75 Additional Fee Required
7. Name and	Address of Current Regi	stered Agent		8. Name and Address of New	Registered Agent
			City		Zip Code
its registered office or registere as registered agent, and acce	ed agent, or both, in the State	08.508, Florida Statutes, the e of Florida. Such change wa	above-named limite	ative vote of a majority of the mem	L tatement for the purpose of changing bers. I hereby accept the appointment
Its registered office or registered as registered agent, and acce SIGNATURE(	ed agent, or both, in the State opt the obligations. Registered Agent Accepting Appoint	neut) (NOTE: Registered Agent sign	e above-named limite is authorized by affirm	Id liability company submits this st ative vote of a majority of the mem DATE	L tatement for the purpose of changing bers. I hereby accept the appointment
Its registered office or registered as registered agent, and acce SIGNATURE(	ed agent, or both, in the State opt the obligations.	neut) (NOTE: Registered Agent sign	e above-named limite is authorized by affirm	Id liability company submits this stative vote of a majority of the memi	L tatement for the purpose of changing bers. I hereby accept the appointment
Its registered office or registere as registered agent, and acce SIGNATURE	ed agent, or both, in the State opt the obligations. Registered Agent Accepting Appoint	a of Florida. Such change wa	e above-named limite is authorized by affirm	Id liability company submits this stative vote of a majority of the mem DATE	Latement for the purpose of changing bers. I hereby accept the appointment
Its registered office or registere as registered agent, and acce SIGNATURE	ed agent, or both, in the State opt the obligations. Registered Agent Accepting Appoint in Members/Managers SCOTT R SCOTT R	filing does not qualify for the at my signature shall have th	e above-named limite is authorized by affirm nature required when reinstati siness Street Address CAYNE BLVI CAYNE BLVI exemption stated in S ne same legal effect a	d liability company submits this is ative vote of a majority of the memi- DATE	L tatement for the purpose of changing bers. I hereby accept the appointmen