File on or before May 1, 1998 or Limited Liability Company will be FILED SECRETARY OF STATE DIVISION OF CORPORATIONS subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham 98 MAY -4 PM 1:31 ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address
of Limited Liability Company DOCUMENT # 1a. Principal Place of Business Address SEVENTY-SECOND REALTY, L.C. *KARP-&-Genaure-P-a--7675 N.W. 12TH ST. 、2=Xbxxxbra=Plaza=#1262-MIAMI FL 33126 -coral-cables=pl-33134 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 790 N.W. 107th Ave. 08/13/1992 4. FEI Number FL Sulte, Apt. #, etc. Suite, Apt. #, etc. Suite 105 Applied For City & State City & State Not Applicable 65-0392573 Miami, FL 5. Date of Last Report 6. Certificate of Status Desired Ζiρ Country Country 33172 88 75 Additional Fee Required 04/03/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name Maria Rodriguez BELLOSTA, JOSA M Street Address (P.O. Box Number la Not Acceptable) **790 N.W. 107 AVENUE** 790 N.W. 107th Ave. SUITE 215 Suite, Apt. #, etc. MIAMI FL 33172 Suite 105 Zip Code 33172 Miami, FL 9. Pursuant to the provisions of Sections 608.416 and 608.508. Riorida 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 Elorida 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 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MEM SHELTON INVESTMENTS , 3 A BOLAM HOUSE NASSAU, BAHAMAS MOM HARDIN INVESTMENTS I, CHARLOTTE HOUSE, CHARLOTTE NASSAU, BAHAMAS ОФООО2514780---05/07/98--01014--003 ****188.75 ****188.7<u>9</u> 11. I do 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

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attachment with an address.

SIGNATURE: