

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

FILED

98 APR 23 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L93000000118

VICTORIA SUITES OF KENDALL, L.C.
ATT: LEASING OFFICE
9001 S.W. 94 ST.
MIAMI FL 33176

1a. Principal Place of Business Address

780 N.W. LE JEUNE ROAD
SUITE 400
MIAMI FL 33126

2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

3. Date Organized or Qualified	3a. State of Formation
04/14/1993	FL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
65-0405330	
5. Date of Last Report	6. Certificate of Status Desired
04/01/1997	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

MARQUEZ, JOSE M
780 N.E. LE JEUNE ROAD
SUITE 400
MIAMI FL 33126

8. Name and Address of New Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc. **8000002502718--6**
City **-04/28/98--01057--015**
******188.75 ****188.75**
FL
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 _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
PM	HERRAN, AGUSTIN	8460 S.W. 5TH ST.	MIAMI FL
VM	HERRAN, MANUEL A	8460 S.W. 5TH ST.	MIAMI FL
SM	SANTANA, MAGALY	8330 S.W. 5TH STREET	MIAMI FL
M	ELSEDO, INC.	8460 SW 5 STREET	MIAMI FL

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption found in Section 119.07(3) (l), 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 D OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
Date: **4/14/98** Davline Phone #: **305-598-5755**