
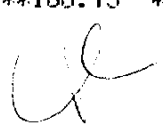


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED MAR 29 PM 5:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L9400000049 BGF REPRESENTACIONES TURISTICAS, L.C. 1915 BRICKELL AVE. C-402 MIAMI FL 33149		1a. Principal Place of Business Address 1915 BRICKELL AVE. C-402 MIAMI FL 33149			
2. Principal Place of Business 100 N. BISCAYNE BLVD. Suite, Apt. #, etc. #2609 City & State MIAMI FL Zip 33132		2a. Mailing Address 100 N. BISCAYNE BLVD. Suite, Apt. #, etc. #2609 City & State MIAMI FL Zip 33132		3. Date Organized or Qualified 01/31/1994 3a. State of Formation FL	
				4. FET Number 65-0464278 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 04/17/1998 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$0.75 Additional Fee Required	
7. Name and Address of Current Registered Agent WISNIACKI, FABIAN 1915 BRICKELL AVE. C-402 MIAMI FL 33149			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 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 _____		
<small>(Registered Agent Accepting Appointment) (NOT Registered Agent Signature Required When Filing)</small>					
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code		
MGR	WISNIACKI, FABIAN	1915 BRICKELL AVE., C-402	MIAMI FL		
600002831526--9 -04/06/99--01092--024 ***188.75 ***188.75 					
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 attachment with an address.					
SIGNATURE: _____					