

FILE NOW: Fee after May 1, will be \$588.75

APPROVED
AND
FILED

97 MAR 26 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE
\$ 203.75

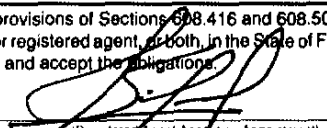
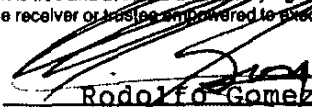
Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L96000000487

MCQUAY LATIN AMERICA, L.C.
7205 N.W. 19TH STREET
SUITE 408
MIAMI 33 126

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

1a. Principal Place of Business Address
7205 N.W. 19TH STREET
SUITE 408
MIAMI 33 126

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/02/1996	FL	
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	65-0662452		
7. Name and Address of Current Registered Agent				5. Date of Last Report	6. Certificate of Status Desired	
KAY, MARK W 7000 S.W. 62ND AVENUE SUITE PH-B SOUTH MIAMI FL 33143				N/A	<input type="checkbox"/> <small>Stat. A.C. Div. of Fee Required</small>	
				8. Name and Address of New Registered Agent		
				Name		
				Street Address (P.O. Box Number is Not Acceptable)		
		Ignacio Silva		7205 NW 19th. Street, Suite 408		
		Suite, Apt. #, etc.				
		City		Zip Code		
		MIAMI		FL 33126		
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		Ignacio Silva		DATE		
				March 17, 1997		
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>						
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code		
MGRM	RODOLFO GOMEZ	7205 NW 19th. St., Ste.408		Miami, FL, 33126		
600002127216--0 -03/28/97-01085--019 ****203.75 ****203.75						
A. Alar 3/26/97						
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:		Rodolfo Gomez - Managing Member		March 17, 1997 (305) 716-8631		
						
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>		<small>Date</small>		<small>Daytime Phone #</small>		