

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 98 MAR -2 PM 2:35

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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H315

1. Name and Mailing Address of Limited Liability Company DOCUMENT # L9600000487 MCQUAY LATIN AMERICA, L.C. 7205 N.W. 19TH STREET SUITE 408 MIAMI 33 126

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

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip	3. Date Organized or Qualified 05/02/1996	3a. State of Formation FL	4. FEI Number 65-0662452 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	5. Date of Last Report 03/26/1997	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>
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7. Name and Address of Current Registered Agent SILVA, IGNACIO 7205 N.W. 19TH STREET SUITE 408 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. 500002447395--B -03/04/98--0112--007 City ***188.75 ***188.75 FL

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  (No change) DATE 2/27/98

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	GOMEZ, RODOLFO	7205 N.W. 19TH STREET, STE	408 MIAMI FL, 33126

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: x  DATE 2/27/98 (305) 716-8631