File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY & FLORIDA DEPARTMENT OF STATE Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 90 mm 65 mm 16 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # 196000000487** 1a. Principal Place of Business Address MCQUAY LATIN AMERICA, L.C. 7205 N.W. 19TH STREET 7205 N.W. 19TH STREET SUITE 408 SUITE 408 MIAMI 33 126 MIAMI 33 126 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 2 Principal Place of Business 05/02/1996 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0662452 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Žin Country \$8.75 Additional Fee Required 03/02/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name SILVA, IGNACIO 7205 N.W. 19TH STREET Street Address (P.O. Box Number is Not Acceptable) SUITE 408 MIAMI FL 33126 Suite, Apt. #, etc. City 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 phanging 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. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE . DATE _ (Riegisterral Agent Accepting Appendiculate). (NOTE Registered Agent separation in spirior where releastating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM GOMEZ, RODOLFO 7205 N.W. 19TH STREET, STE MIAMI FL 200002794582----03/04/99--01065--011 ****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), Ftorida 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 port as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

RODOLFO GOMEZ

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