


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
97 APR 18 AM 9:06

<b>FILING FEE</b> \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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**1 Name and Mailing Address of Limited Liability Company**      **DOCUMENT # L96000001265**

GERENPRO FLORIDA, L.C.  
~~BRICKELL AVE. STE 1006~~  
 MIAMI FL

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**      **SECRETARY OF STATE TALLAHASSEE, FLORIDA**

999 BRICKELL AVE. STE 1006  
MIAMI FL

**2 Principal Place of Business**

Suite, Apt. #, etc.  
42 S.W. 34TH AVENUE  
City & State  
MIAMI, FLORIDA  
Zip  
33135

**2a. Mailing Address**

SAME  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

**3. Date Organized or Qualified**      **3a. State of Formation**

12/02/1996      FL

**4. FEI Number**       Applied For  
65-0713855       Not Applicable

**5. Date of Last Report**      **6. Certificate of Status Desired**

Additional Fee Required

**7. Name and Address of Current Registered Agent**

AMADO, JESUS CFA  
42 SW 34TH AVENUE  
MIAMI FL 33135

**8. Name and Address of New Registered Agent**

Name  
SAME  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, etc.  
City      Zip Code  
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 \_\_\_\_\_ 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
MGR	FALCON, HECTOR	999 BRICKELL AVE. STE 1006	MIAMI FL
MGR	FALCON, GRISELDA	999 BRICKELL AVE. STE 1006	MIAMI FL

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-04/22/97--01062--015  
\*\*\*\*203.75 \*\*\*\*203.75

**11 I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (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:** *Jesús H. Amado*      **JESUS H. AMADO**  
 REGISTERED AGENT 04/01/97 (305) 442-9788

Date      Daytime Phone #