


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		FLORIDA SECRETARY OF STATE DIVISION OF CORPORATIONS COMM 10 11:09	
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 # M97000000347 SOPRODI LTDA, L.L.C. 2025 N.W. 102ND AVE., SUITE #103 MIAMI FL 33172		1a. Principal Place of Business Address 2025 N.W. 102ND AVE., SUITE MIAMI FL 33172			
2. Principal Place of Business Suite, Apt #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt #, etc. City & State Zip Country		3. Date Organized or Qualified 06/16/1997	
				3a. State of Formation NY	
				4. FEI Number 13-3854955 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 09/25/1998	
				6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent ZAMORANO, AUGUSTO 2025 N.W. 102ND AVE., SUITE #103 MIAMI FL 33172			8. Name and Address of New Registered Agent/Office Name 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 _____		
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-appointing)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	ZAMORANO, AUGUSTO	2025 N.W. 102ND AVE., SUITE #103		MIAMI FL	
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: <u>AUGUSTO ZAMORANO</u>		3/2/99		305-6400485	
<small>SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED AGENT OR MANAGING MEMBER OR MEMBER AT LARGE</small>					