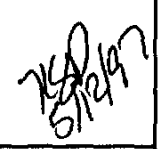


FILE NOW: Fee after May 1, will be \$588.75

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 C. NACAN, L.C. 1 SE 3RD AVE, SUITE 1980 MIAMI FL 33131		DOCUMENT # L96000000305	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		1a. Principal Place of Business Address 1 SE 3RD AVE, SUITE 1980 MIAMI FL 33131	
2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 03/11/1996 3a. State of Formation FL 4. FEI Number ☐ Applied For ☒ Not Applicable 5. Date of Last Report 6. Certificate of Status Desired ☐ SB 70 Additional Fee Required	
7. Name and Address of Current Registered Agent AMKGS REGISTERED AGENTS, INC. 1980 SUN TRUST INTERNATIONAL CENTER 1 SE 3RD AVE, SUITE 1980 MIAMI FL 33131		8. Name and Address of New Registered Agent 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 _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstalling)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	DEL VALLE, ELENA GONZA	1 SE 3RD AVE, SUITE 1980	MIAMI FL
MGRM	AMKGS REGISTERED AGENT	1 SE 3RD AVE, SUITE 1980	MIAMI FL
300002176743--6 -05/13/97--01068--016 ****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) (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. AMKGS REGISTERED AGENTS, INC.			
SIGNATURE: 		4-29-97 305/373-6600	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date	Daytime Phone #