

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

**APPROVED
AND
FILED**

1997 MAY -1 AM 10: 23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**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** **DOCUMENT #L96000000303**

**PERLA ANTILLES, L.C.
1 SE 3RD AVE, SUITE 1980
MIAMI FL 33131**

1a. Principal Place of Business Address

**1 SE 3RD AVE, SUITE 1980
MIAMI FL 33131**

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

| | | | | | |
|---------------------------------------|---------|----------------------------|---------|---------------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Organized or Qualified | 3a. State of Formation |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 03/11/1996 | FL |
| City & State | | City & State | | 4. FEI Number | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country | 5. Date of Last Report | 6. Certificate of Status Desired <input type="checkbox"/> See 7c Additional Fee Required |

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

**AMKGS REGISTERED AGENTS, INC.
1980 SUN TRUST INTERNATIONAL CENTER
1 SE 3RD AVE
MIAMI FL 33131**

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 reinstating)

| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
|------------------|----------------------------------|--------------------------------|---------------------------------|
| MGRM | VELASCO, ALVARO | 1 SE 3RD AVE, SUITE 1980 | MIAMI FL |
| MGRM | AMKGS REGISTERED AGENT | 1 SE 3RD AVE, SUITE 1980 | MIAMI FL |

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****203.75 ****203.75**

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5/12/97*

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4-29-97

Date

305-373-6600

Daytime Phone #