

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
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FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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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

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 <input type="checkbox"/>	

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

Handwritten signature and date: 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.

SIGNATURE: *[Signature]* **AMKGS REGISTERED AGENTS, INC.**
Date: 4-29-97 Daytime Phone #: 305-373-6600