


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAR -2 PM 3: 57 LL 3/2	
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 SERVICIOS ARTISTICOS LATINOS LIMITED COMPANY NY 683 VERONA COURT FORT LAUDERDALE FL 33326		DOCUMENT # L97000000104 1a. Principal Place of Business Address 683 VERONA COURT FORT LAUDERDALE FL 33326			
2. Principal Place of Business 10530 NW 26th St Suite, Apt. #, etc. F-107 City & State MIAMI, FLORIDA Zip 33172		2a. Mailing Address 10530 NW 26th St Suite, Apt. #, etc. F-107 City & State MIAMI, FLORIDA Zip 33172		3. Date Organized or Qualified 01/27/1997 3a. State of Formation FL 4. FEI Number 65-0749707 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent CABEZA, MANUEL E ESQ. MANUEL E. CABEZA, P.A. 800 DOUGLAS ROAD, SUITE 351 CORAL GABLES FL 33134		5. Date of Last Report 01/27/1997 6. Certificate of Status Desired <input type="checkbox"/> SB 75 Additional Fee Required <input type="checkbox"/>			
8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code					
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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE _____					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	VAZQUEZ, RAUL D	683 VERONA COURT 10530 NW 26th St Suite F-107 MIAMI, FLORIDA 33172		FORT LAUDERDALE FL 100002446191--4 -03/03/98--01102--015 ****188.75 ****188.75	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (f), 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: <i>Raul Vazquez</i>		2-24-98		305-513-0650	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	