
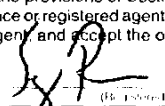
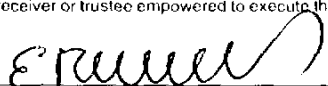


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
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 # L98000000739 MAQUINARIAS Y EQUIPOS DE CONSTRUCCION L.C. 6555 N.W. 36 STREET, SUITE 104 MIAMI FL 33166		1a. Principal Place of Business Address 6555 N.W. 36 STREET, SUITE 1 MIAMI FL 33166	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address 6555 N.W. 36 Street Suite 1 Suite, Apt. #, etc. City & State Miami, FL Zip 33166	3. Date Organized or Qualified 06/05/1998	3a. State of Formation FL
7. Name and Address of Current Registered Agent WAYNE, GEOFFREY M ESQUIRE 1001 BRICKELL BAY DRIVE SUITE 2702 MIAMI FL 33131		8. Name and Address of New Registered Agent/Office Name SEAGIO ROBBAS Street Address (P.O. Box Number is Not Acceptable) 1101 Brickell Avenue Suite, Apt. #, etc. 800 North Tower City Miami Zip Code FL 33131	
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 _____			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	RUIZ, JESUS ELISEO	800 CLAUGHTON ISLAND DRIVE	MIAMI FL
MGRM	SUAREZ, MARIA F	800 CLAUGHTON ISLAND DRIVE	MIAMI FL
			8000002882458-- -05/21/99--01072--023 ****188.75 ****188.75 APR 19 1999
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:  4/23/99 305-577-8589			