<u>, , , , , , , , , , , , , , , , , , , </u>	ED LIABILIT ANNUAL R 199	EPORT 9			FLORIDA DE Kath Sec DIVISION (PARTMI Perine I retary of DF CORI	ENT OF STATE farris State PORATIONS 99 plemental Fee T OF STATES	FILE!	9:52 9:5E	910		
\$ 188 1. Name	FEE Annual And Mailing Advised Liability Co.	wal Report : ke Check P	100.00 + ayable To OCUI	\$88.75 D: FLOR	Corporation IDA DEPAR # 1.08	OOOOC	IA'	CHETARY C	FLORIDA			
AYELEN FLORES L.C. 1731 SW 24th Terrace MIAMI, FL 33145							1a. Principal Place of Business Address 1731 SW 24th Terrace MIAMI, FL 33145					
LITA	mr, fr	33143						HIAN	1, FL 33	143		
2 Principal Place of Business					2a. Malling Address				3. Date Organized or Qualified 3a. State of Formation			
Suite, Apt. #, etc.				Suite, Apt. #, etc.				09/15/1998			. 	
				l				4. FEI Number			Applied For	
City & State				City & State				65-0863006			Not Applicable	
Žip Country				Zip Countr			y	5. Date of Last	Report	·	ficate of Status Desired	
	7. Name	and Address o	Current R	egistered	Agent			Name and Addres	s of New Regis	tered Ag	ent/Office	
VICTOR J. FLORES 1731 SW 24th Terrace Miami, F1 33145							Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apr. #, etc					
							Cify Zip Code				de	
ts register	int to the provisi red office or regis red agent, and	stered agent, or	ooth, in the S	d 608.508, tate of Flor	Florida Statut ida. Such chan	es, the at ge was a	ove-named limited athorized by affirmat	liability company s tive vote of a majori	ubmits this state ty of the member	ment for I s. I hereby	the purpose of changing accept the appointment	
SIGNATU		\mathscr{U}		iointment) (N	OTE Registered Ay	er I signature	required when reinstating		DATE DH	09/	99	
. Title							s Street Address		City, State and Zip Code		d Zip Code	
MGR	FLORES, VICTOR J.				1731 SW 24th Terrace				Miami,	F1.	33145	
MGR	FLORES,	CARLOS	D.		1731 5	SW 241	h Terrace		Miami,	Fl.	33145	
								3	(21(21(2)) -08// ***	29E 23/99 *188.	5 6173 01012005 75 ****188.7	
1. Ido her	n this annual rec	ont is true and a	ccurate and	that my sid	pes not qualify f gnature shall h execute this rep	ave the s.	me legal effect as i	if made under oath	that I am a man	aging me	erlity that the information mber or manager of the	

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

SIGNATURE: