

2<sup>nd</sup> and <sup>\*</sup> File on or before Sept. 29, 1999 or Limited Liability Company  
**FINAL NOTICE: will be dissolved.**

**FILED** LR 9/21

99 SEP 17 PH 1:16

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> \$ 588.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1 Name and Mailing Address of Limited Liability Company  PERLA ANTILLES, L.C. 1 SE 3RD AVE, SUITE 1980 MIAMI FL 33131	<b>DOCUMENT #</b> L96000000303
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1a. Principal Place of Business Address  1 SE 3RD AVE, SUITE 1980 MIAMI FL 33131
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2 Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip	2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip	3. Date Organized or Qualified  03/11/1996	3a. State of Formation  FL
		4. FEI Number  NOT APPLICABLE	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report  05/01/1998	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  AMKGS REGISTERED AGENTS, INC. 1980 SUN TRUST INTERNATIONAL CENTER 1 SE 3RD AVE MIAMI FL 33131	8. Name and Address of New Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc. 50000293585 -09/22/99--01044--011  City ***FL Code*** *****588.75 <b>FL</b>
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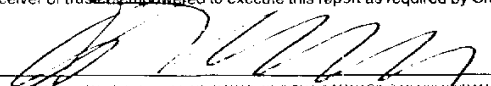
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(If signed Agent/Company Appointment) (NOTE: Registered Agent signature required when re-appointing)

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

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:**  **Date:** 9/15/99 **Designation:** 3053725920

PRINT OR TYPE FULL NAME OF SIGNING MANAGING MEMBER/MANAGER