

At- **uu3ou0**

FILED

01 APR 16 PM 2: 16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2121 DOUGLAS ROAD
MIAMI FL 33145



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

4. FEI Number

Applied For

Not Applicable

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE X
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

600004078476--5
-04/25/01--01104--003
*****50.00 *****50.00

9.	MANAGING MEMBERS/MEMBERS
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10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	PEREZ, FIDEL A	
STREET ADDRESS	2121 DOUGLAS ROAD	
CITY-ST-ZIP	MIAMI FL 33145	

TITLE	MGR	<input type="checkbox"/> Delete
NAME	PEREZ-ZARRAGA, DANIEL	
STREET ADDRESS	2121 DOUGLAS ROAD	
CITY-ST-ZIP	MIAMI FL 33145	

TITLE	MGR	<input type="checkbox"/> Delete
NAME	CRUZ, VICTOR V	
STREET ADDRESS	2121 DOUGLAS ROAD	
CITY - ST - ZIP	MIAMI FL 33145	

TITLE	MGR	<input type="checkbox"/> Delete
NAME	REVILLA, ENRIQUE	
STREET ADDRESS	2121 DOUGLAS ROAD	
CITY-ST-ZIP	MIAMI FL 33145	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST- ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. I 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 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.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone # _____

CR2E083 (11/00)