

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90394 001 ****50.00

DOCUMENT # L96000000303

1. Entity Name
PERLA ANTILLES, L.C.

Principal Place of Business
1 SE 3RD AVE. SUITE 1980
MIAMI FL 33131

Mailing Address
1 SE 3RD AVE. SUITE 1980
MIAMI FL 33131

956240



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
One S.E. Third Ave.,
 Suite, Apt. #, etc.
Suite 2250

3. Mailing Address
One S.E. Third Ave.,
 Suite, Apt. #, etc.
Suite 2250

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number **NOT APPLICABLE**

Applied For
 Not Applicable

Zip
33131

Country

Zip
33131

Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMKGS REGISTERED AGENTS, INC.
1980 SUN TRUST INTERNATIONAL CENTER
1 SE 3RD AVE
MIAMI FL 33131

Name
AMKGS REGISTERED AGENTS, INC.
 Street Address (P.O. Box Number is Not Acceptable)
One S.E. Third Ave.,
Suite 2250
 City
Miami, FL Zip Code
33131

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

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
MGRM
 NAME
VELASCO, ALVARO
 STREET ADDRESS
1 SE 3RD AVE, SUITE 1980
 CITY-ST-ZIP
MIAMI FL 33131 Delete

TITLE
MGRM
 NAME
Velasco, Alvaro
 STREET ADDRESS
One S.E. Third Ave., Suite 2250
 CITY-ST-ZIP
Miami, FL 33131 Change Addition

TITLE
MGRM
 NAME
AMKGS REGISTERED AGENTS, INC.
 STREET ADDRESS
1 SE 3RD AVE, SUITE 1980
 CITY-ST-ZIP
MIAMI FL 33131 Delete

TITLE
MGRM
 NAME
AMKGS Registered Agents, Inc.
 STREET ADDRESS
One S.E. Third Ave., Suite 2250
 CITY-ST-ZIP
Miami, FL 33131 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

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.

AMKGS REGISTERED AGENTS, INC.

SIGNATURE: By: *[Signature]*

4/25/02 35-372-5920

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

Date

Daytime Phone #

CR2E083 (9/01)