

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90002 006 \*\*\*\*50.00

**DOCUMENT # L02000011979**

1. Entity Name  
**F & C INTERNATIONAL INVESTMENTS, LLC**



Principal Place of Business  
**2307 DOUGLAS RD**  
**400**  
**MIAMI, FL 33145 US**

Mailing Address  
**2307 DOUGLAS RD**  
**400**  
**MIAMI, FL 33145 US**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



04292004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**04-3671413**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**OVIES, IDA C**  
**2307 DOUGLAS RD**  
**400**  
**MIAMI, FL 33145**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FORUMENTEL, CARLOS J <input type="checkbox"/> Delete AV SANTA FE 9 PISO, DEPTO A BUENOS AIRES, BA 1425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARCIA FOURMENTEL, NOEMI J <input type="checkbox"/> Delete AV SANTA FE 9 PISO, DEPTO A BUENOS AIRES, BA 1425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOURMENTEL, FEDERICO G <input type="checkbox"/> Delete AV SANTA FE 9 PISO, DEPTO A BUENOS AIRES, BA 1425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOURMENTEL, MARIA C <input type="checkbox"/> Delete AV SANTA FE 9 PISO, DEPTO A BUENOS AIRES, BA 1425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>FOURMENTEL, CARLOS J</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

**SIGNATURE:** *Carlos Fourmentel* *4/29/04* *305 447 8801*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #