*3004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 02, 2004 08:00 AM Secretary of State

		MNUAL I	KEPUKI		- Secretary of Stat	
DOCUMENT # L02000027138 1. Entity Name AMERICAN TRIUMPH, L.L.C.					Secretary of Stat	
245 SE 1ST STREET 24 SUITE 430 SU			Mailing Address 245 SE 1ST STREET SUITE 430 MIAMI, FL 33131 US		* 100(CO) DE CONTE EN LA CONTE	
DO NOT WRITE IN THIS SPACE				ACE	01202004 No Chg-LLC	
					14-4451543 Not Applicable 5. Certificate of Status Desired \$5.00 Additional Fee Required	
MAQUEIRA, JORGE S 245 SE 1ST STREET SUITE 430 MIAMI, FL 33131					DO NOT WRITE IN THIS SPACE	
the obligat	Signature, typed or printed r	ame of registered agent and ti	··	istered office or registe	red agent, or both, in the State of Florida. I am familiar with, and accept when reinstading) DATE UDDDDD073643	
Due by May 1, 2004					03/02/04-80044-017 50.00	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAQUIEIRA, JOI 245 SE 1ST STR MIAMI, FL 3313	EET, SUITE 430	MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP					IN THIS SPACE	
TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE						
ent.c					•	

11. I hereby certify that the information supplied with the filling 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 ampowed of to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PRESIDENTE

NAME STREET ADDRESS CITY-ST-ZIP

02 - 23 - 04

54-11-47832213

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

Daytime Phon