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2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90122 034 ****50.00

DOCUMENT # L03000008593

1. Entity Name
GRUPO GENALE, LLC

Principal Place of Business
455 SW 8TH STREET
MIAMI, FL 33130

Mailing Address
455 SW 8TH STREET
MIAMI, FL 33130

04082004 Cng-LLC CR2E063 (10/03)

2. Principal Place of Business		3. Mailing Address	
601 Brickell Key Drive		601 Brickell Key Drive	
Suite, Apt. #, etc. Suite 604		Suite, Apt. #, etc. Suite 604	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33131	Country US	Zip 33131	Country US

4. FEI Number 61-1467299 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VARELA, KAREN L
501 BRICKELL KEY DR.
504
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: Alvaro Castillo B., P.A.
Street Address (P.O. Box Number is Not Acceptable): 1390 Brickell Avenue
Suite 200
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] DATE 4-27-04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE MGR / NAME Genaro Diaz / STREET ADDRESS 601 Brickell Key Drive, Suite 604 / CITY-ST-ZIP Miami, Florida 33131	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Genaro Diaz, Manager (305) 371-5540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date 4-27-04 Daytime Phone #