


FILE NOW: Fee after May 1, will be \$588.75

**APPROVED
AND
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97 APR 30 PM 1:19

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company	DOCUMENT # L93000000325
FL GALLO DE ORO, L.C. 2300 CORAL WAY MIAMI FL 33145	

1a. Principal Place of Business Address
2300 CORAL WAY MIAMI FL 33145

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business 2300 CORAL WAY.	2a. Mailing Address 2300 CORAL WAY.	3. Date Organized or Qualified 09/29/1993	3a. State of Formation FL
Suite, Apt. #, etc. SUITE # 200	Suite, Apt. #, etc. SUITE # 200	4. FEI Number 65-0436694	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State MIAMI FLORIDA	City & State MIAMI FLORIDA	5. Date of Last Report 05/01/1996	6. Certificate of Status Desired <input type="checkbox"/> SA 75 Additional Fee Required
Zip 33145	Country US.	Zip 33145	Country US.

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
FLORIDA ANNUAL REPOR, T SERVICES INC 2300 CORAL WAY #200 MIAMI FL 33145	Name FLORIDA ANNUAL REPORT SERVICES INC. Street Address (P.O. Box Number is Not Acceptable) 2300 CORAL WAY. Suite, Apt. #, etc. SUITE # 200 City MIAMI Zip Code FL 33145

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE:  AMADA CANTERA LOPEZ, PRES. DATE: Feb 2/97

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	KUO, CHYI VEI	8872 SW 24 ST.	MIAMI FL
MEM	SHIH, CHENG YI	8872 SW 24 ST.	MIAMI FL

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11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (I), Florida Statutes. Further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: x  Feb 2/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date Daytime Phone #