| ANNUAL REPORT 1999 Secretary of State DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address Of Limited Liability Company P.O. BOX 524217 MIAMI FL 33152 DOCUMENT # L93000000402 1a. Principal Place of Business Address 7301 N.W. 41ST STREET MIAMI FL 33166 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 11/17/1993 FL Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & City & State City & City & | | to a \$ 400.00 LATE FE | EE. | FLORIDA D | EPARTME | NT OF STATE | 1 | THEFT | Fat EO Asy or Follo | STATE | |
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| HING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Maign gloders Olumber #1.9300000402 | ANNUAL REPORT | | | Kat Se | Katherine Harris Secretary of State | | | CHOCK ARTOCKATIONS CHOCK ARE COLLEGRATIONS COMPANIE ARE COLLEGRATIONS | | | |
| Name and Address DOCUMENT # L93000000402 | | FEE Annual Report \$100. | | | | | | | | | |
| LELLI OF AMERICA, LIMITED COMPANY P.O. BOX 524217 MIAMI FL 33152 2a. Making Address 2a. Making Address 2b. Making Address 2b. Making Address 2b. Making Address 2c. | Name a of Limite | nd Mailing Address | | | | | | | | | |
| P.O. BOX 524217 MIAMI FL 33152 QA AFLOY Again April File Suite April 6 fee Suite April 7 fee Suite Address of New Registered Agent Suite April 7 fee Suite Address of New Registered Agent Suite April 7 fee Suite Address of New Registered Agent Suite April 7 fee Suite Address of New Registered Agent Suite April 7 fee Suite Address of New Registered Agent Suite Address of New Registered Agent Suite April 7 fee Cuty 7 fee Suite Address of New Registered Agent Suite Address Suite Address of New Registered Agent Suite Address Suite Address of New Registered Agent Suite Address of New Registered Agent Suite Address Suite Address of New Registered Agent Suite Ad | | , , | | | | | 1a. Principal Plac | e of Business | Address | | |
| Suite, Apt #, etc Country Apple Country To Date of Last Report A Date of Last Report Suite, Apt #, etc Suite, Apt #, etc City FL Suite, Apt #, etc Suite, Apt #, etc City FL Suite, Apt #, etc Suite, Apt #, etc City FL Suite, Apt #, etc City City City Applied City City Cit | P | O. BOX 524217 | , 21.11 | | | r/cus | | | | REET | |
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| City & State City & State City & State City & State Country Country Country Country Country Country Country Country T. Name and Address of Current Registered Agent T. Name and Address of Current Registered Agent Registered Agent/Office Rame Name Name Name Name Name Name Street Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) State. Apt #. Etc. City City City City City City City City City State and Cop Code 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 its registered agent, or both, in the State of Florida Such change was authorized by affirmative vote of a najority of the members it hereby accept the age as registered agent, and accept the obligations. SIGNATURE DATE Total Managing Members/Managers Business Street Address City, State and Zip Code NGRM LELLI, ALESSANDRO AVE. ISAIAS MEDINA ANGARIT VENEZUELA RELICION SECUENCE 24/05/293—01141— *****197.50 ************************************ | Suite, Apt. | #, etc. | Suite, | Apt. #, etc. | | | 4. FEI Number | | 1 | | |
| The Country 2p Country 2p Country 04/06/1998 55 Additional Fee Box 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office 1888 1888 1888 1888 1888 1888 1888 18 | City & State | 9 | City & State | | | | | | | Applied For Not Applical | |
| ALBELLI, ALESSANDRO 7301 N.W. 41ST STREET MIAMT. FL 33166 Suite, Apt #, etc City FL Zip Code FL Zip Code FL Zip Code FL Zip Code FL The provisions of Sections 608,416 and 608 508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of its registered agent, or both, in the State of Florida Such change was authorized by affirmative vote of a majority of the members. Thereby accept the spin as registered agent, and accept the obligations. SIGNATURE DATE Managing Members/Managers Business Street Address City, State and Zip Code AVE. ISAIAS MEDINA ANGARIT VENEZUELA AVE. ISAIAS MEDINA ANGARIT VENEZUELA RECOUNTS: SISIESE -04/05/9301141- ****137.50 ***** | Ζip | Country | Zip | | Country | . · · · · · · · · · · · · · · · · · · · | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) Street Address (P. | | 7. Name and Address of Curr | rent Register | ed Agent | | | ame and Address | of New Regis | tered Age | nt/Office | |
| SIGNATURE DATE THE PROPERTY OF | | | | | | City ove-named limited | | omits this state | ement for t | he purpose of ch | |
| MGRM LELLI, ALESSANDRO MGRM LELLI, ROBERTO AVE. ISAIAS MEDINA ANGARIT VENEZUELA AVE. ISAIAS MEDINA ANGARIT VENEZUELA BUILD 2523668 -04/05/9901141- *****197.50 ***** | as registere | ed agent, and accept the obligations | | | | · | | | rs Thereby | accept the appoi | ntmer |
| MGRM LELLI, ROBERTO AVE. ISAIAS MEDINA ANGARIT VENEZUELA ROCKO PERSISSES -04/05/3301141- ****197.50 ***** | 10. Title | | | | | | | | | I Zip Code | |
| ####197.50 **** | MGRM | LELLI, ALESSAND | AVE. | AVE. ISAIAS MEDINA | | | | | | | |
| -04/05/9901141- ****197.50 **** | MGRM | LELLI, ROBERTO | | AVE. ISAIAS MEDINA | | | ANGARIT VENEZUELA | | | | |
| | #I- | | | | | | 80 | 10000 04/6 **** | 762: 15/99- 197.5 | \$184684- -01141() ****1\$ | 106 17.5 |
| indicated on this annual report is true and accurate and that my signature shall have the same is used at later of the same invited liability company or the receiver of trustee and was appears in Block 10 attachment with an address. SIGNATURE: 3/3/99 305-193 | 11 Idohen indicated or imited liabil | n this annual report is true and accur. Inly company or the received or truste | ate and that m | ny sighature sha | all have the s | ante legal effect as | it made under oath | that I am a ma | inaging me iame appea | mber ür manage ars in Block 10, o | r of th r on a |