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

LIMITED LIABILITY COMPANY ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

APPROVED AND
AND FILED
LIFER

	1997	1000	DIVIS	ION OF C	ORPORAT	TIONS		15	yy apr	28 AM	8 [:] 48			
ILING		ual Report \$100.00 + \$10						S	FORETA	RY OF S	STATE			
\$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE								SECRETARY OF STATE TALLAHASSEE, FLORIDA						
	nited Liability Company	DOCUME	NT# _L	94000	00005	3								
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	SOBETAC, L. C/O GUILLER		N. ESO			ì	c/o (TTIS	OMRE.I.	SOSTO	HIN ESO			
C/O GUILLERMO SOSTCHIN, ESQ. 291 S.W. 27TH AVE., 2ND FLOOR							C/O GUILLERMO SOSTCHIN, ESQ. 291 S.W. 27TH AVE., 2ND FLOOR							
]	MIAMI FL 33	3135				ļ	MIAM	FI	3313	5				
If above mailing address is incorrect in any way, tine through incorrect information 2. Principal Place of Business 2a. Mailing Addr.									od or Qualific	4 90 Cr	to of Formation			
2. Principal Place of Business 2a. Malli				ng Address			3. Date Organized or Qualified				Sa. State of Formation			
Suite, Apt. #, etc. Suite, Ap			te, Apt. #, etc.	it. #, etc.			02/03/1994 4. FEI Number			FL	IFL			
Ca. 0 Ca			. 0 (1-1-					ar t are startinger			Applied For			
City & State City & S			a Siale	TATE				65-0478626			Not Applicable			
Zip	Count	y Zip	Zip		ountry		5. Date of	of Last F	Report		ificate of Status Desired			
							04/29	2/19	96	58 75 A	ld-ponal Fee Reguired			
	7. Name and Ac	dress of Current Regist	tered Agent		Name		. Name a	nd Add	reas of New	Registered	Agent			
EOST	CHIN, GUILI	ERMO] "									
291	S.W. 27TH 1				Stree	Street Address (P.O. Box Number				table)				
	FLOOR T. ET. 33135			Suite, Apt. #, etc.						·				
MTAMI FL 33135								•						
					City					Zip Coo	de			
									F					
its registe		Sections 608.416 and 606 gent, or both, in the State the obligations.												
SIGNATI	URE								DATE	1714				
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signatu					nature required				T 7	City, State and Zip Code				
10. Title Managing Members/Managers							······································	·		ny, chaic an	o Lip oods			
MEM	SOSTCHIN 8	PESSIN, P.	.A 291	s.w.	27TH	AVE.,	2ND	FL	IMAIM	FL				
MEM	TACHER, MA	ARIO	291	s.w.	27TH	AVE.,	2ND	FL	IMAIM	FL				
MEM	BEHAR, RIT	A	291	S.W.	27TH	AVE.,	2ND	FL	IMAIM	FL				
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11. Idoh	ereby certify that the Info	mation supplied with this f	liling does not	quality for th	e exemption	stated in Sec	tion 119.0	7(3) (i), I	Florida Statut	s. I further c	ertify 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 indicated 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 annual report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an annual report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an annual report is true and accurate and that my name appears in Block 10, or on an annual report is true and accurate and that my name appears in Block 10, or on an 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 attachment with an address.

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