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

FILED ELORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State 97 MAR 24 PM 1: 52 1997 DIVISION OF CORPORATIONS **FILING FEE** Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee SECHETARY OF STATE TALLAMASSEE, FLORIDA \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT** #L94000000114 1a. Principal Place of Business Address ARA CUTTING, L.C. 3333 N.W. 116TH ST. β333 N.W. 116тн sт. MIAMI FL 33167 MJAMI FL 33167 If above malling address is incorrect in any way, line through incorrect information and enter correction in Block 2a 3. Date Organized or Qualified 3a. State of Formation 2. Principal Place of Business 2a. Mailing Address 03/18/1994 FL Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0482300 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country Zip \$8.75 Additional Fee Required 03/13/1996 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent BRENNER, RICHARD M 21. SE FIRST AVE Street Address (P.O. Box Number is Not Acceptable) SUITE 800 MIAMI FL 33131 Suite, Apt. #, etc. Zip Code 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 (Registered Agent Accepting Appointment) (NOT) Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MEM ROSARIO, ANGEL 333 N.W. 116TH ST. MIRAMU PL MEM MARTINEZ, JORGE 333 N.W. 116TH ST. MITAMI FL 700002126167--5 -03/27/97--01096--009 ****203.75 ****203.75 11. I do hereby certify that the information supplied with this 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 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

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