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

	D LIABILITY COMPANY	FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham				TATE	FILED				
	ANNUAL REPORT 1997				ary of CORP	State ORATIO	NS			18 AM 9: 25	
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE  1 Name and Mailing Address of Limited Liability Company  DOCUMENT #L94000000201								SECRETARY OF STATE TALLAHASSEE, FLORIDA			
of Limited Liability Company								1a. Principal Place of Business Address			
RBES L.C. 3780 W. FLAGLER STREET MIAMI FL								3780 W. FLAGLER STREET			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.											}
			2a. Mailing Address					3. Date Organized or Qualified 3a. State of Formation			
Suite, Apt	Suite, Apt. #, etc.						05/13/1994 FL				
							4. FEI Number . Applied For				
City & State		City & State					•	65-0495692 Not			
Zip	Country	Zip		,	Countr	У		6. Date of Last F		6. Certificate of Status Desire	-d
<u> </u>	7. Name and Address of Current	~	134					04/29/199 8. Name and Add		<u> </u>	긕
RODRIGUEZ-BETANCOURT, ANA M 3780 WEST FLAGIER ST MIAMI FL 33134				Nan Stre			Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.				
							City			Zip Code	7
its registe as registe SIGNATU	ant to the provisions of Sections 608.416 a red office or registered agent, or both, in the ored agent, and accept the obligations.  JRE	State of Flo	orida. Such	change	B 36W 6	uthorized b	y affirma	tive vote of a majori	DATE	s. I hereby accept the appointme	
10. Title	Title Managing Members/Managers Busin				Busine	ss Street Address City, State and Zip Code					ᅱ
	RODRIGUEZ-BETANCOU	RT,	3780 W. FLAG			GLER STREET			NIAMI FL		
MGRM 1	ELSO, DIANA	;	3780	W.	FLA	GLER	STR	eet 1	IAMI F	L	
										No. 26	
								40	0002 -05/01 ****2	162464 /9701106009 03.75 ****203.7	<del>4</del> 5
									W.	39-97	
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. 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 attachment with an address.  SIGNATURE:  Ana M. Rodriguez - Betancourt  Oylzy157 446-3377											
SIGN	IATURE: Gra no TYPE	O OR PRINTED	1. Br	ta BNING MA	244 Inaging			1. Koarg	04/24/ Date	97 446-3377 Daytime Phone #	<u>,                                    </u>