
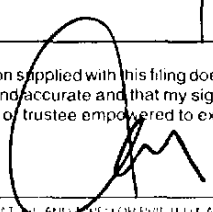


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee <b>\$ 188.75</b> Make Check Payable To: FLORIDA DEPARTMENT OF STATE		FILED 99 APR -7 AM 9:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Name and Mailing Address of Limited Liability Company <b>COSME AND ROSSY GOMEZ FAMILY, L.C. 6817 RIVIERA DR CORAL GABLES FL 33146</b>		<b>DOCUMENT # 194000000204</b>	
<b>1a. Principal Place of Business Address</b> 6817 RIVIERA DR CORAL GABLES FL 33146		<b>1b. Principal Place of Business Address</b> 6817 RIVIERA DR CORAL GABLES FL 33146	
<b>2. Principal Place of Business</b> Suite, Apt. #, etc. City & State Zip Country		<b>2a. Mailing Address</b> Suite, Apt. #, etc. City & State Zip Country	
<b>3. Date Organized or Qualified</b> 05/16/1994		<b>3a. State of Formation</b> FL	
<b>4. FEI Number</b> 65-0504693		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Date of Last Report</b> 03/25/1998		<b>6. Certificate of Status Desired</b> \$8.75 Additional Fee Required <input type="checkbox"/>	
<b>7. Name and Address of Current Registered Agent</b> GOMEZ, COSME A 6817 RIVIERA DR CORAL GABLES FL 33146		<b>8. Name and Address of New Registered Agent/Office</b> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 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.		4000002841124-3 04/15/99-01118-003 ****188.75 ****188.75 <b>FL</b>	
SIGNATURE _____ (Required Agent Accepting Appointment. (NOTE: Registered Agent Signature Required when not a group.)		DATE _____	
<b>10. Title</b>	<b>Managing Members/Managers</b>	<b>Business Street Address</b>	<b>City, State and Zip Code</b>
MEM	GOMEZ, COSME A	6817 RIVIERA DR	CORAL GABLES FL
MEM	GOMEZ, ROSSY A	6817 RIVIERA DR	CORAL GABLES FL
MEM	GOMEZ, ERIC C	6817 RIVIERA DR	CORAL GABLES FL
MEM	GOMEZ, LAUREN N	6817 RIVIERA DR	CORAL GABLES FL
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: 		3/29/99 3056676773	