

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 Kathérine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED *W-7/14*
99 JUL -6 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L 94 000000 329
INVERSIONES LA FUENTE, L.C.
3191 N.W. 99th AVE.
MIAMI, FLA. 33172

1a. Principal Place of Business Address
3191 N.W. 99th AVE
MIAMI, FLA. 33172

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified <i>07/18/1994</i>	3a. State of Formation <i>FLA</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number <i>65-0507741</i>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Date of Last Report <i>3/31/98</i>	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>
Zip	Country	Zip	Country

7. Name and Address of Current Registered Agent
LA FUENTE, PAUL
3191 N.W. 99th AVE
MIAMI, FL. 33172

8. Name and Address of New Registered Agent/Office

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

Suite, Apt. #, etc. _____

City _____ Zip Code **FL**

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 _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
<i>MEM</i>	<i>LA FUENTE, PAUL</i>	<i>3191 NW 99th AVE.</i>	<i>MIAMI, FLA.</i>
<i>MEM</i>	<i>DE LA FUENTE, ANTONIA</i>	<i>3191 N.W. 99th AVE</i>	<i>MIAMI, FLA.</i>

\$188.75 DP.
by API
03-11-1999 90070 OA

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: *Antonia C. de la Fuente* Date: *6-26-99* (305) 228-308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #