


FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90040 047 ****50.00

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L94000000329

1. Entity Name
INVERSIONES LAFUENTE, L.C.



Principal Place of Business 3191 NW 99TH AVE MIAMI, FL 33172	Mailing Address 3191 NW 99TH AVE MIAMI, FL 33172
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2. Principal Place of Business <i>9874 N.W. 52 TERR</i>	3. Mailing Address <i>9874 N.W. 52 TERR</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State <i>MIAMI, FLA.</i>	City & State <i>MIAMI, FLA.</i>	4. FEI Number 65-0507741	Applied For Not Applicable
Zip <i>33178</i>	Country <i>DADE</i>	Zip <i>33178</i>	Country <i>DADE</i>

6. Name and Address of Current Registered Agent LAFUENTE, RAUL 3191 NW 99TH AVE MIAMI, FL 33172	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$60.00
 Make Check Payable to Florida Department of State
 Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAFUENTE, RAUL 3191 NW 99TH AVE. MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>9874 N.W. 52 TERR</i> <i>MIAMI, FL. 33178</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete MGRM DE LAFUENTE, ANTONIA C 3191 NW 99TH AVE. MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>9874 N.W. 52 TERR</i> <i>MIAMI, FL. 33178</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I 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 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.

SIGNATURE: *Raul Lafuente* Date: *4/10/03* Daytime Phone #: *305-693-8502*

CR2E033 (10/02)