

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 Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILLED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 APR -7 PM 2:23

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 # L94000000393 ALTAMIRA, L.C. 1881 NE 26TH ST SUITE 212B FT LAUDERDALE FL 33305

1a. Principal Place of Business Address 1881 NE 26TH ST SUITE 212B FT LAUDERDALE FL 33305
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2. Principal Place of Business 4734 NE 12TH AVE Suite, Apt. #, etc.	2a. Mailing Address 4734 NE 12TH AVE. Suite, Apt. #, etc.	3. Date Organized or Qualified 08/09/1994	3a. State of Formation FL
City & State Fort Lauderdale, FL Zip 33334	City & State Fort Lauderdale, FL Zip 33334	4. FEI Number 65-0518799	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Country USA	Country USA	5. Date of Last Report 03/11/1998	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent MCCLOSKEY, EDWARD F 1881 NE 26TH ST SUITE 212B FT LAUDERDALE FL 33305	8. Name and Address of New Registered Agent/Office Name McCloskey, Edward F Street Address (P.O. Box Number is Not Acceptable) 4734 NE 12TH AVE. Suite, Apt. #, etc. City Fort Lauderdale FL Zip Code 33334
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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 *Edward F. McCloskey* DATE 3-18-99
(Registered Agent Accepting Appointment) (If Not, Registered Agent Signature, not provided, then failing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	MCCLOSKEY, EDWARD F	1881 NE 26TH ST SUITE 212B 4734 NE 12TH AVE.	FT. LAUDERDALE FL
MEM	POCH, JOAN M	1881 NE 26TH STREET SUITE 4734 NE 12TH AVE	FT. LAUDERDALE FL
MEM	STRAUS, KENNETH R	391 CLINTON ST. SUITE 1C	BROOKLYN NY
MEM	SALVADOR, JOSEP M	PLACA MAJOR, NO. 1, ST. P	GIRONA, SPAIN
MEM	POCH, JOSEP M	ARMENTERA NO. 1, ST. PERE	GIRONA, SPAIN
MEM	LENE SA	C/ MAR, 25 ST. PERE PISCADOR	GIRONA, SPAIN

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****188.75 ****188.75

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: *Edward F. McCloskey* 3/17/99 954-958-9080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER (MANAGER, MEMBER OR MANAGER)