
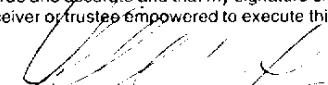


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT #L94000000453			
Americas Asset Management, L.C. 12000 Biscayne Blvd. Suite 401 North Miami, FL 33181		1a. Principal Place of Business Address Americas Asset Mgmt, L.C. 12000 Biscayne Blvd. Suite 401 North Miami, FL 33181			
2. Principal Place of Business 1501 Venera Ave. Suite, Apt. #, etc. #340 City & State Coral Gables, FL Zip 33146		2a. Mailing Address 1501 Venera Ave. Suite, Apt. #, etc. #340 City & State Coral Gables, FL Zip 33146		3. Date Organized or Qualified 09/12/94 3a. State of Formation Florida 4. FEI Number 65-0527006 5. Date of Last Report 04/07/98	
				6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent Robert L. Jamerson Jr. P.A. 2655 LeJeune Road Penthouse II Coral Gables, FL 33134		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			
		9000002871839-8 -05/11/99-01067-016 ****188.75 ****188.75 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) (Not Registered Agent signature required when re-elected)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	Guillermo Fernandez	1845 Snapper Creek Road		Coral Gables, FL 33156	
MGR	Mauro B. Nannini	44411 Biscayne Blvd. Apt. #852- 6300 Caballero Blvd.		Miami, FL 33161 Coral Gables, FL 33161	
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:  Mauro Nannini Mgr/Partner 4-25-99 305 8991000					