


FILE NOW: Fee after May 1, will be \$588.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 203.75 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #L95000000251**

POPULAR FINANCE, L.C.
7575-WEST-FLAGLER-STREET
MIAMI-FL-33144

1a. Principal Place of Business Address

7575-WEST-FLAGLER-STREET
MIAMI-FL-33144

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business 15165 NW 77 AVE Suite, Apt. #, etc. STE 2005 City & State MIAMI FL 33 Zip 33014	2a. Mailing Address 15165 NW 77 AVE Suite, Apt. #, etc. STE 2005 City & State MIAMI FL Zip 33014	3. Date Organized or Qualified 03/21/1995	3a. State of Formation FL
		4. FEI Number 59-3305586 APPLIED-FOR	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report 09/17/1996	6. Certificate of Status Desired SAY Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

KTG&S REGISTERED AGE, NT CORPORATION
100 S.E. 2ND STREET
28TH FLOOR
MIAMI FL 33131

8. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc. 500002127485--2
-03/28/97--01110--002
City ***203 FL Zip Code *****203.75

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
MGRM	NIN, RAFAEL	15165 NW 77 AVE # 2005 7575-WEST-FLAGLER-STREET	MIAMI FL 33014
MGRM	AGUDO, PEDRO	2460 SW 12TH STREET	MIAMI FL
MEM	KANA DEVELOPMENT, INC.	3100 CLAY AVE., #275	ORLANDO FL
MEM	CORTES, ROBERTO	15165 NW 77 AVE # 2005 7575-WEST-FLAGLER-STREET	MIAMI FL 33014
MGR	NIN, - RAFAEL -	- 7575-WEST-FLAGLER-STREET -	MIAMI-FL-
MGR	MONTERO, FERNANDO	15165 NW 77 AVE # 2005 7575-WEST-FLAGLER-STREET	MIAMI FL 33014

JB3-27-97

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

Roberto Cortes 3/24/97

305 512 4771
#230