


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 APR 22 PM 1:36 # 4/23	
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 # L95000000489		1a. Principal Place of Business Address	
4190 N.W. 32ND AVE., L.C. 7922 N.W. 164TH TERRACE MIAMI LAKES FL				7922 N.W. 164TH TERRACE MIAMI LAKES FL	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
4190 NW 32 Ave		16521 N.W. 84 Ct.		06/23/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. State of Formation	
				FL	
City & State		City & State		4. FEI Number	
Miami FL		Miami Lakes FL		65-0590777	
Zip		Zip		5. Date of Last Report	
33142		33015		05/01/1997	
Country		Country		6. Certificate of Status Desired	
USA		USA		\$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office	
PINO, JUAN 7922 N.W. 164TH TERRACE MIAMI LAKES FL				Name JUAN Pino Street Address (P.O. Box Number is Not Acceptable) 16521 N.W. 84 Ct. Suite, Apt. #, etc. C City MIAMI LAKES FL Zip Code 33015	
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	PINO, JUAN	7922 N.W. 164TH TERRACE		MIAMI LAKES FL	
				600002502836--0 -04/28/98--01061--016 ****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: Claudia Pino Manager 4/2/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #