



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 <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company <b>MIAMI INTERNATIONAL BUSINESS LIMITED COMPA</b> <b>NY</b> 151 MAJORCA AVE., SUITE C CORAL GABLES FL 33134		DOCUMENT # L95000000614 1a. Principal Place of Business Address 151 MAJORCA AVE., SUITE C CORAL GABLES FL 33134	
2. Principal Place of Business 2121 Ponce de Leon Blvd. Suite, Apt. #, etc. Suite 240 City & State Coral Gables, FL Zip 33134 Country USA		2a. Mailing Address 2121 Ponce de Leon Blvd. Suite, Apt. #, etc. Suite 240 City & State Coral Gables, FL Zip 33134 Country USA	
3. Date Organized or Qualified 08/09/1995		3a. State of Formation FL	
4. FEI Number 65-0633522		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 04/03/1998		6. Certificate of Status Desired \$8.75 Additional Fee Required <input checked="" type="checkbox"/>	
7. Name and Address of Current Registered Agent PRATS, GABRIEL 151 MAJORCA AVENUE, SUITE C CORAL GABLES FL 33134		8. Name and Address of New Registered Agent/Office Name GABRIEL PRATS Street Address (P.O. Box Number is Not Acceptable) 2121 Ponce de Leon Blvd. Suite, Apt. #, etc. Suite 240 City Coral Gables FL Zip Code 33134	
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's signature required when reappointed)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	FERNANDES, SERGIO S	2121 PONCE DE LEON BLVD. #240	CORAL GABLES FL
MGRM	FERNANDES, VILMA	2121 PONCE DE LEON BLVD. # 240	CORAL GABLES FL
MGRM	FERNANDES, ALEXANDRE	2121 PONCE DE LEON BLVD. # 240	CORAL GABLES FL
MGRM	FERNANDES, FABIOLA	2121 PONCE DE LEON BLVD.# 240	CORAL GABLES FL

700002887357-5  
-05/07/99-01087-011  
\*\*\*\*197.50 \*\*\*\*197.50

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 TYPE OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Digitized Name