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

4	ANNUAL	ITY COMPAI REPORT <b>97</b>	WY 6	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			FILED 97 MAY -5 AM 7:55		
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Suppl \$ 203.75 Make Check Payable To: FLORIDA DEPARTM							SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Name and Malling Address of Limited Liability Company     DOCUMENT #L95000000668								MILLAGO	
							1a. Principal Place of Business Address 2975 N.W. 77TH AVE. MIAMI FL 33122		
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.  2 Principal Place of Business   2a. Mailing Address							3. Date Organized or Qualified   3a. State of Formation		
							08/28/1995 FL		
Suite, Apt. #, etc.			Suite, A	Suite, Apt. #, etc.			4. FEI Number		Applied For
City & State			City & S	City & State			65-0621589 Not Applicable		
Zip		Country	Zip		Count	гу	5. Date of Last I	Report	6. Certificate of Status Desired
	<b>7</b> N		10			<del>                                     </del>	05/01/19		S8.75 Additional Fee Required
		···-	of Current Registered	Agent	<del>,</del>	Name and Address of New Registered Agent     Name			
C/O II 2975 I		RNANDO DPORATION				Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City Zip Code			
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  (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	IBERI <i>I</i>	TILES (	CORPORA,	2975 N.	w. 7	77TH AVE.		MIAMI F	L
MGRM	RM IBERICA INTERNATIONA, 2100				nce	DE LÉON	BLVD.,	CORAL G	ABLES FL
						0000021764808 -05/13/9701061011 ****203.75 ****203.75			
									965-9-97
11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Fiorida 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 flability 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:  SIGNATURE AND TYPED OR PRIMITED FATURE OF STONNING MANAGING MEMBER OR MANAGER  Date  Date  Date  Date  Date  Description Phone #									