File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** 98 MAR -5 PM 2: 13 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company DOCUMENT # L95000000748 1a. Principal Place of Business Addres SUNSET PARC 10556 26TH ST 10556 NO JTH ST D 102 102 AMI FL 33172 MI FL 33172 2a. Mailing Address 3. Date Organized or Qualified 2. Principal Place of Business 3a. State of Formation 1784LSW107AUE 7842 SW 107 AUE 09/28/1995 4. FEI Number FLSuite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State Not Applicable 65-0663331 MIRMI 5. Date of Last Report 6. Certificate of Status Desired \$8.75 Additional Fee Required CISA SA 03/17/1997

8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent Name GONZALEZ, LUIS M 17842 SW 107 AVE, STE 25 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33157 Suite, Apt. #, etc. 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 DATE (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) City, State and Zip Code 10. Title Managing Members/Managers **Business Street Address** MGR PEREZ, JULIO C 17842 SW 107 AVE. STE 25 MIAMI FL 700002452197--6 -03/10/98--01047--009 \*\*\*\*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 it 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