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

| LIMITE             | CLIABILITY COMPANY<br>NNUAL REPORT<br>1997 |     |
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FLORIDA DEPARTMENT OF STATE

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| UN ANNUAL 19   | REPORT 97  | Sendra B. Mortham Secretary of State DIVISION OF CORPORATIONS |           |  | 1997 HAY 27 PH 1: 22  |   |                           |                                  |
|--|--|---|-----------|--|---|---|---------------------------|----------------------------------|
| FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE               |  |   |           | SECRETARY OF STATE TALLAHASSEE, FLORIDA  |   |   |                           |                                  |
| 1. Name and Malling of Limited Liability  FALCON ALL.C.  ONE Son' South 144  | Address Company  DOCUM  DMINISTRATION  THEAST THEO  OFLORING 3313  s is incorrect in any way, line through the same and th | MENT # L950<br>And Fingues<br>Avenue                          | SER       | 000949<br>Evices,  | Suite /<br>MIAM  3. Date Organized  12/08/11  4. FEI Number | nthe AST<br>1440<br>1) FLOA<br>d or Qualified | Third<br>RIDA 38          | Formation  CRIGA  Applied For    |
| Zip  | Country  | Zip   | Country   | <u>,                                    </u>   | 65-063<br>5. Date of Last Re<br>5/1/9                       | port  |                           | Not Applicable of Status Desired |
| 7. Na  | me and Address of Current R  | egistered Agent   |           |  | 8. Name and Addr  |   | pistered Ager             |                                  |
| its registered office or registered agent, or both, in the State of Florida. Such cha<br>as registered agent, and accept the obligations.  SIGNATURE |  |   | je was au | Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. 4, etc.  City  Zip Code  ve-named limited liability company submits this statement for the purpose of changing horized by affirmative vote of a majority of the members. I hereby accept the appointment  DATE |   |   |                           |                                  |
| 10. Title  | Managing Members/Managers  |   | Busines   | ss Street Address  | ss City, S  |   | State and Zip Code        |                                  |
| ì  | HAWI, HASSAN<br>AS TRUSTEE<br>LAWI, ABOULLA<br>LAWI, GHASSAN   |   |           | o Aue. Su.<br>Bao. Aue.<br>Bro. Aue.   | sk 1440<br>Susk 1440<br>Susk 1440                           | MIAM<br>MIAM<br>MIAM                          | ,                         |                                  |
|  | hat the information supplied with  |   |           |  |   | 0002<br>-05/25<br>****7                       | 1 9 4 5<br>79701<br>72.50 | 049004<br>****212.50<br>VSVBY    |

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.

| SI | GN | ATI | JR | E |
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER