


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: <b>FLORIDA DEPARTMENT OF STATE</b>	
1. Name and Mailing Address of Limited Liability Company <b>HILDALGO TRADING COMPANY, L.C. 830-13 STATE ROAD A1A N SUITE #201 PONTE VEDRA BEACH FL 3202</b>		<b>DOCUMENT #</b> L96000000051	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.		1a. Principal Place of Business Address <b>830-13 STATE ROAD A1A N SUITE #201 PONTE VEDRA BEACH FL 3202</b>	
2. Principal Place of Business <i>Same as above</i>	2a. Mailing Address Suite, Apt. #, etc.	3. Date Organized or Qualified 01/11/1996	3a. State of Formation FL
City & State	City & State	4. FEI Number <b>59-3358181</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Date of Last Report	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$0.75 Additional Fee Required
7. Name and Address of Current Registered Agent <b>KRUGER, PAUL A 830-13 STATE ROAD A1A N SUITE #201 PONTE VEDRA BEACH FL 3202</b>		8. Name and Address of New Registered Agent Name <i>CT Corp. System</i> Street Address (P.O. Box Number is Not Acceptable) <i>1200 S. Pine Island Rd.</i> Suite, Apt. #, etc. City <i>Plantation</i> Zip Code <b>FL 33324</b>	
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 may be 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)		DATE _____	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	KRUGER, PAUL A	830-13 STATE ROAD A1A N. #	PONTE VEDRA BEACH FL
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: <i>Paula Kruger</i>		Date <b>3.20.97</b>	

**FILED**

**97 MAY 30 AM 8:51**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

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*ABU-2-97*