

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 APR 28 AM 8:13

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS

FILING FEE 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 DOCUMENT # L96000000170

DEL VALLE GROUP, L.C.
2825 GRANADA BLVD.
APT. 1-A
CORAL GABLES FL 33134

1a. Principal Place of Business Address
2825 GRANADA BLVD.
APT. 1-A
CORAL GABLES FL 33134

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

3a. State of Formation

02/12/1996

FL

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

05/16/1997

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

GUTIERREZ, NICOLAS J JR
701 BRICKELL AVE.
SUITE 2150
MIAMI FL 33131

Name

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

Nicholas J. Gutierrez Jr., Nicholas J. Gutierrez Jr., Esq.

DATE

4/3/98

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGRM	DEL VALLE, PAULA C	2825 GRANADA BLVD, APT. 1	CORAL GABLES FL
MGRM	DEL VALLE Y GOICOECH, F	2825 GRANADA BLVD, APT. 1	CORAL GABLES FL
MGRM	DEL VALLE, PAULA	2825 GRANADA BLVD, APT. 1	CORAL GABLES FL
MGRM	GONZALEZ-CHAVEZ, MANUE	2825 GRANADA BLVD, APT. 1	CORAL GABLES FL
MGRM	DEL VALLE Y GOICECHE, A	2825 GRANADA BLVD, APT. 1	CORAL GABLES FL
MGRM	DEL ALAMO, SERGIO	2825 GRANADA BLVD, APT. 1	CORAL GABLES FL

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****188.75 ****188.75

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:

Francisco L. del Valle 4-3-98

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003
Expires 12-31-96

Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) DEL VALLE GROUP, L.C.		
	2 Trade name of business, if different from name in line 1		3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) 2835 Granada Blvd., Apt. 1-A		5a Business address, if different from address in lines 4a and 4b
	4b City, state, and ZIP code Coral Gables, FL 33134		5b City, state, and ZIP code
	6 County and state where principal business is located MIAMI-DADE, FL		
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ▶ Nicolas J. Gutierrez, Jr. Esq. <u>266-95-3051</u>		

8a Type of entity (Check only one box.) (See instructions.)

<input type="checkbox"/> Sole Proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)	<input type="checkbox"/> Trust
<input type="checkbox"/> REMIC	<input type="checkbox"/> Plan administrator-SSN	<input type="checkbox"/> Partnership
<input type="checkbox"/> State/local government	<input checked="" type="checkbox"/> Other corporation (specify) Ltd. Liab Co.	<input type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> State/local government	<input type="checkbox"/> National guard	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify)	<input type="checkbox"/> Church or church controlled organization	
<input type="checkbox"/> Other (specify) ▶ LL Corporation - 5 members	(enter GEN if applicable)	

8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶ State **FL** Foreign country

9 Reason for applying (Check only one box.)

<input checked="" type="checkbox"/> Started new business (specify) ▶ adding co.	<input type="checkbox"/> Changed type of organization (specify) ▶
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ▶	<input type="checkbox"/> Created a trust (specify) ▶
<input type="checkbox"/> Banking purpose (specify) ▶	<input type="checkbox"/> Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.) **2/15/96** 11 Enter closing month of accounting year. (See instructions.) **December**

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ **N/A**

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."

Nonagricultural	Agricultural	Household
0	0	0

14 Principal activity (See instructions.) ▶ **Holding Company**

15 Is the principal business activity manufacturing? ☐ Yes ☒ No

16 To whom are most of the products or services sold? Please check the appropriate box.

<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Business (wholesale)
		<input checked="" type="checkbox"/> N/A

17a Has the applicant ever applied for an identification number for this or any other business? ☐ Yes ☒ No

17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.

Legal name ▶ Trade name ▶

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ▶ **Nicolas J. Gutierrez, Jr. Esq., Sec.** Business telephone number (include area code) **(305) 378-0330**

Signature ▶ **Nicolas J. Gutierrez, Jr.** Date ▶ **4/3/98**

Please leave blank ▶

Geo	Ind.	Class	Size	Reason for applying