

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

188.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 APR 28 AM 8:23

LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE
ANNUAL REPORT 1998
L96000000189

FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L96000000189

CASTANO GROUP, L.C.
% NICOLAS J. GUTIERREZ JR.
~~701 BRICKELL AVE., SUITE 2150~~
MIAMI FL 33131

1a. Principal Place of Business Address

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

2. Principal Place of Business
~~1101 Brickell Ave.~~
Suite, Apt. #, etc. **Ste. 1400**
City & State
Zip Country

2a. Mailing Address
~~1101 Brickell Ave.~~
Suite, Apt. #, etc. **Ste. 1400**
City & State
Zip Country

3. Date Organized or Qualified 02/20/1996
3a. State of Formation FL
4. FEI Number
 Applied For
 Not Applicable
5. Date of Last Report 05/16/1997
6. Certificate of Status Desired
 \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

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

8. Name and Address of New Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
~~1101 Brickell Ave.~~
Suite, Apt. #, etc. **Ste. 1400**
City Zip Code
FL

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 Nicolas J. Gutierrez Jr. Nicolas J. Gutierrez Jr., Esq. DATE 4/15/98
(Registered Agent Accepting Appointment) (New Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	BETANCOURT, NICOLAS J	19420 S.W. 87TH AVE.	MIAMI FL
MGR	CASTANO, JOSEFINA D	219 ROMANO AVENUE	CORAL GABLES FL
MGR	CASTANO, AMPARO G	8030 S.W. 63RD PLACE	MIAMI FL
MGR	GUTIERREZ, CARLOS E	7446 S.W. 54TH AVENUE	MIAMI FL
MGR	GUTIERREZ, NICHOLAS J	701 BRICKELL AVE., SUITE 1101	MIAMI FL

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2455.00 *188.75
NJK 4/28/98

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), 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: Nicolas J. Gutierrez Jr. DATE 4/15/98 (305)373-0530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

62

Form **SS-4**
(Rev. December 1993)
Department of the Treasury
Internal Revenue Service

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 12-31-98

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.) <u>Castano Group, L.C.</u>		3 Executor, trustee, "care of" name	
2 Trade name of business, if different from name in line 1		5a Business address, if different from address in lines 4a and 4b	
4a Mailing address (street address) (room, apt., or suite no.) <u>1101 Brickell Ave., Ste. 1400</u>		5b City, state, and ZIP code	
4b City, state, and ZIP code <u>Miami, FL 33131</u>		6 County and state where principal business is located <u>Miami-Dade, FL</u>	
7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ▶ <u>Nicolas J. Gutierrez, Jr., Esq.</u>			

98 APR 28 1998
SECRETARY OF THE TREASURY
DIVISION OF TAX SERVICES
MAIL ROOM
3031

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) <u>FL Ltd. Liab. Co.</u>	<input type="checkbox"/> Farming cooperative
<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> Federal government/military	<input type="checkbox"/> Church or church controlled organization
<input type="checkbox"/> National guard	<input type="checkbox"/> Church or church controlled organization	
<input type="checkbox"/> Other nonprofit organization (specify) _____	(enter GEN if applicable)	
<input type="checkbox"/> Other (specify) ▶ <u>AS corporation - 11 members</u>		

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

State <u>FL</u>	Foreign country
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9 Reason for applying (Check only one box.)

<input checked="" type="checkbox"/> Started new business (specify) ▶ <u>holding co.</u>	<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.) 2/20/98

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
<u>0</u>	<u>0</u>	<u>0</u>

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

Note: If "Yes," please complete lines 17b and 17c.

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 ▶
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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. Pres.

Signature ▶ Nicolas J. Gutierrez, Jr., Esq. Pres. Date ▶ 4/15/98

Note: Do not write below this line. For official use only.

Geo.	Ind.	Class	Size	Reason for applying