


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

188.75

STATE OF FLORIDA
DIVISION OF CORPORATIONS

99 MAY -3 AM 10:48

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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 # L96000000189

CASTANO GROUP, L.C.
C/O NICOLAS J. GUTIERREZ, JR.
1101 BRICKELL AVE., SUITE 1400
MIAMI FL 33131

1a. Principal Place of Business Address

C/O NICOLAS J. GUTIERREZ, JR.
1101 BRICKELL AVE., SUITE 14
MIAMI FL 33131

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/20/1996	FL
City & State		City & State		4. FEI Number	<input checked="" type="checkbox"/> Applied For
Zip		Country		65-0849414 APPLIED FOR	<input type="checkbox"/> Not Applicable
				5. Date of Last Report	6. Certificate of Status Desired
				04/28/1998	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

GUTIERREZ, NICOLAS J JR.
% NICOLAS J. GUTIERREZ JR.
1101 BRICKELL AVE., SUITE 1400
MIAMI FL 33131

8. Name and Address of New Registered Agent/Office

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

Suite, Apt. #, etc **000002874530-5**

City **MIAMI** Zip Code **33131**

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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 certifying)

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	1101 BRICKELL AVE., SUITE	MIAMI FL

BK 5/13/99

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: Nicolas J. Gutierrez Jr., Esq. **4/14/99** (305) 373-0570