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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997

\$ 203.75



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1997 APR 30 AH 9: 03

of Lin E 2	e and Mailing Addition of the Liability Con EXPROTEL 963 SW	INTERNATI 22ND TER.	UMEN'	1a. Principal Place of Business Address 2963 SW 22ND TER. MIAMI FL 33145							
		incorrect in any way, line t	through incorre	ct informat	ion and	enter corre	ction in Block 2a	ALLEMAL P. I.	33143		
	pal Place of Busi			iling Addre		BILLDI CONTE	CHOT III DIOCK 24.	3. Date Organiz	ed or Qualified	3a. Stat	e of Formation
								_03/01/199	96	FL	
Suite, Apt. #, etc. Suite, Ap			.pt. #, etc.	l. #, etc.			4. FEI Number		7	Applied For	
City & St	ate		City & S	State	ite			65-0648259			Not Applicable
							5. Date of La			6. Certifi	cate of Status Desired
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	7. Name	and Address of Curre	ent Registere	d Agent		1	<u>i</u>	B. Name and Add	ress of New R	egistered 4	Laent
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2963 SW 22ND TER. 41AM1 FL 33145					Street Address			s (P.O. Box Number Is Not Acceptable)			
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							City		FL	Zip Code) :
its registe	ered office or regis	ons of Sections 608.4 stered agent, or both, in accept the obligations.	16 and 608.50 the State of Fi	8, Florida orida. Suc	Statute h chanç	es, the abo ge was au	ove-named limit thorized by affirm	ed liability company s mative vote of a majorit	ubmits this stat	tement for th	e purpose of changing accept the appointment
SIGNAT	URE								DATE		
(Registered Agent Accepting Appointment) (N 10. Title Managing Members/Managers			(NOTE Regis	tered Age		required when reinsta s Street Addres					
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11. Ido hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. Hurther 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 initied liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an ottoob most with an address. attachment with an address.

SI	G١	JΔ	TI	IR	F.

4-24-97 (305)447-0071 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #