
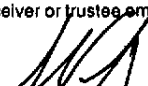


**FILE NOW: Fee after May 1, will be \$588.75**

<b>LIMITED LIABILITY COMPANY ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>		<b>FILED</b>  <b>97 MAY 27 PM 3:38</b>  <b>SECRETARY OF STATE TALLAHASSEE, FLORIDA</b>	
<b>FILING FEE \$ 203.75</b>		<b>Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company  <b>COMPETITIVIDAD PERSONAL Y EMPRESARIAL L.C.</b>		<b>DOCUMENT # L96000000268</b>			
<small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.</small>					
2. Principal Place of Business <b>4405 NW 73rd Ave Suite, Apt. #, etc. 029-0290010 City &amp; State MIAMI, FL. Zip 33166-6400</b>		2a. Mailing Address <b>4405 NW 73rd Ave Suite, Apt. #, etc. 029-0290010 City &amp; State MIAMI, FL Zip 33166-6400</b>		3. Date Organized or Qualified <b>03/08/96</b>  4. FEI Number <b>65-0672566</b>  5. Date of Last Report	
				3a. State of Formation <b>FL</b>  <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable  6. Certificate of Status Desired <b>SB 75 Additional Fee Required</b> <input type="checkbox"/>	
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301</b>				8. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City <b>FL</b> Zip Code	
<small>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.</small>					
SIGNATURE _____				DATE <b>04/10/97</b>	
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
10. Title  <b>MEM</b>		Managing Members/Managers <b>RAUL FAJARDO 4405 NW 73 Ave Suite 029-0290010 MIAMI, FL. 33166-6400</b>		Business Street Address <b>4405 NW 73rd Ave Suite 029-0290010</b>	
				City, State and Zip Code <b>Miami, FL 33166-6400</b>  <b>600002199236--1 -06/03/97--01029--002 ****203.75 ****203.75</b>  <b>04/29/97</b>	
<small>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.</small>					
<b>SIGNATURE:</b> 		<b>RAUL FAJARDO MGRM</b>		<b>04/10/97 265-1198</b>	
				<b>(NICARAGUA)</b>	
		<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>		<small>Date Daytime Phone #</small>	