File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE FILED Sandra B. Mortham ANNUAL REPORT 1998 Secretary of State DIVISION OF CORPORATIONS 98 / PR 29 PR 4: 09 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee SPORETARY OF STATE L. E. J. T. T. E. F. B. M. \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #** L96000000268 1s. Principal Place of Business Address COMPETITIVIDAD PERSONAL Y EMPRESARIAL L.C 4405 N.W. 73RD AVE. Nicabox # 1105 SUITE 029-290010 7801 NW 37th St. MIAMI FL 33166-6400 Miami, FL 33166-6559 3. Date Organized or Qualified 2. Principal Place of Business 2a. Malling Address 3a. State of Formation 03/06/1996 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0672566 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country Zip \$8.75 Additional Fee Beguired 05/27/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office CORPORATION SERVICE , COMPANY Street Address (P.O. Box Number Is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Suite, Apt. #, etc. 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. DATE 04/27/97 SIGNATURE nt Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code Nicabox # 1105 MEM FAJARDO, RAUL MIAMI FL - 33166-6559 7801 NW 37th, St. Miami, FL 33166-6559 900002516399---0 | -05/08/98--01004--002 ****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:

PAUL FAJARDO - 04/27/97 265-1198

ATURI ATTO TYPE D OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daylimo Phone #