

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

188.75

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LIMITED LIABILITY COMPANY ANNUAL REPORT 1998
FLORIDA DEPARTMENT OF STATE
Andrés M. Méndez
Secretary of State
DIVISION OF CORPORATIONS

L9600000275

FILING FEE \$ 198.75 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 # L9600000275
CENTRAL SANTA LUCIA, L.C.
& NICOLAS J. GUTIERREZ, JR., ESQ.
701 BRICKELL AVE, STE. 2150
MIAMI FL 33131

1a. Principal Place of Business Address
& NICOLAS J. GUTIERREZ, JR.,
701 BRICKELL AVE, STE. 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 03/07/1996
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., ESQ
& NICOLAS J. GUTIERREZ, JR., ESQ.
701 BRICKELL AVE, STE. 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. DATE 4/1/98
(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	PEDROSO, VICTOR M	1324 SOPERA AVENUE	CORAL GABLES FL
MGR	ARGUELLES, ^{JR.} FERNANDO J	1002 ALFONSO AVENUE	CORAL GABLES FL
MGR	SANCHEZ, ALFREDO J	112 BLOOMFIELD	W. PALM BEACH FL
MGR	REYES, GUSTAVO DE L	3608 SOUTHWEST 57TH AVENUE	MIAMI FL
MGR	LATOURE, ANTONIO R	6520 LEONARDO STREET	CORAL GABLES FL
MGR	Gutierrez, Jr., Esq., Nicolas J.	1101 Brickell Ave., Ste. 1400	Miami, FL
			600002519486--5 -05/12/98--01013--001 ***2455.00 ****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: Nicolas J. Gutierrez, Jr. DATE 4/1/98 (305) 373-0330
SIGNATURE AND FULL OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Mailing Phone #

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. 1545-0063
 Expires 12-31-98

SECRETARY OF STATE
 DIVISION OF STATE CORPORATIONS
 APR 28 AM 8:48
 266-88-3031

Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) Central Santa Lucia, L.C.	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.) 1101 Brickell Ave., Ste. 190	5b City, state, and ZIP code
	4b City, state, and ZIP code Miami, FL 33131	
	6 County and state where principal business is located Miami-Dade, FL	
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ▶ Nicolas J. Gutierrez, Jr., Esq. 266-88-3031	

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) FL Ltd. Liab. Co.	<input type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> Other nonprofit organization (specify)	<input type="checkbox"/> Federal government/military	<input type="checkbox"/> Church or church controlled organization
<input type="checkbox"/> Other (specify) ▶ as Corporation - 5 Members	<input type="checkbox"/> National guard	

(enter GEN if applicable)

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

State FL	Foreign country
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9 Reason for applying (Check only one box)

<input type="checkbox"/> Started new business (specify) ▶ holding co.	<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.) **3/7/98**

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 0	Agricultural 0	Household 0
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14 Principal activity (See instructions.) ▶

15 Is the principal business activity manufacturing? Yes No

If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box.

<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Business (wholesale)	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Other (specify) ▶		

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
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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., Sec.**

Business telephone number (include area code) **(305) 273-0330**

Signature ▶ **Nicolas J. Gutierrez, Jr.** Date ▶ **4/1/98**

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

Please leave blank ▶	Geo	Ind.	Class	Size	Reason for applying
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