


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company DOCUMENT # 196000000277 GUTIERREZ GROUP, L.C. 8010 OLD CUTLER ROAD CORAL GABLES FL 33143		1a. Principal Place of Business Address 8010 OLD CUTLER ROAD CORAL GABLES FL 33143 <i>mwb</i>	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Organized or Qualified 03/05/1996		3a. State of Formation FL	
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent GUTIERREZ, NICOLAS J JR 2601 SOUTH BAYSHORE DR. SUITE 1600 MIAMI FL 33133		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 701 Brickell Ave. Suite, Apt. #, etc. Suite 2150 City Miami, FL Zip Code 33131	
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 <i>Nicholas J. Gutierrez Jr.</i> (Registered Agent Accepting Appointment) (Not Registered Agent signature required when reinstating)		DATE <i>2/1/97</i>	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	FERNANDEZ, VIRIATO G	APARTADO 3175 68-C	TEGUCIGALPA D.C. HOND
MGR	DE ARMAS, DOLORES G	8010 OLD CUTLER RD.	CORAL GABLES FL
MGR	DELGADO, DOLORES C	3620 GRANADA BLVD.	CORAL GABLES FL
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11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Dolores G. de Armas</i> DOLORES G. DE ARMAS 27/1/97 662-7727 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #			