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

188.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

L96000000277

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 APR 28 AM 8:16

FILING FEE $ 188.75	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 # L96000000277

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

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	03/05/1996	FL
City & State	City & State	4. FEI Number APPLIED FOR	☒ Applied For ☐ Not Applicable
Zip / Country	Zip / Country	5. Date of Last Report 03/31/1997	6. Certificate of Status Desired $8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

~~GUTIERREZ, NICOLAS J JR~~
~~701 BRICKELL AVE~~
~~STE 2150~~
~~MIAMI FL 33131~~

8. Name and Address of New Registered Agent/Office

Name: GUTIERREZ, NICOLAS J. JR.
Street Address (P.O. Box Number is Not Acceptable): 1101 BRICKELL AVE.
Suite, Apt. #, etc.: SUITE 1400
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: Nicolás J. Gutiérrez, Jr., Nicolás J. Gutiérrez, Jr., Esq. DATE: 2/26/98
(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	~~FERNANDEZ~~, VIRIATO ~~G~~ GUTIERREZ	APARTADO 3175 68-C	TEGUCIGALPA D.C. HON
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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BK 4/28/98

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: Dolores G. de Armas, Dolores G. de Armas 2/25/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

(2)

Form **SS-4**
(Rev. December 1995)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)
GUTIERREZ GROUP, L.C.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
9010 OLD CUTLER ROAD

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code
CORAL GABLES, FL 33143

5b City, state, and ZIP code

6 County and state where principal business is located
CORAL GABLES, MIAMI-DADE, FL

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶ 267-00-4970

DOLORES G. DE ARMAS

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8a Type of entity (Check only one box.) (See instructions.)

- ☐ Sole proprietor (SSN) _____
- ☐ Partnership
- ☐ REMIC
- ☐ State/local government
- ☐ Other nonprofit organization (specify) ▶ Corporation - 3 Members
- ☐ Other (specify) ▶
- ☐ Personal service corp.
- ☒ Limited liability co.
- ☐ National Guard
- ☐ Estate (SSN of decedent) _____
- ☐ Plan administrator-SSN _____
- ☐ Other corporation (specify) ▶ _____
- ☐ Trust
- ☐ Federal Government/military
- ☐ Farmers' cooperative
- ☐ Church or church-controlled organization

(enter GEN if applicable) _____

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: FLORIDA — Foreign country:

9 Reason for applying (Check only one box.)

- ☒ Started new business (specify) ▶ HOLDING COMPANY
- ☐ Hired employees
- ☐ Created a pension plan (specify type) ▶
- ☐ Banking purpose (specify) ▶
- ☐ Changed type of organization (specify) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify) ▶
- ☐ Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.) 3-5-96

11 Closing month of accounting year (See instructions.) 12-31

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 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-. (See instructions.) ▶	Nonagricultural	Agricultural	Household
	0	0	0

14 Principal activity (See instructions.) ▶ HOLDING COMPANY

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. ☐ Business (wholesale) ☒ N/A
☐ Public (retail) ☐ 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 "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ▶ Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (Mo., day, year) | City and state where filed | Previous EIN

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.

Business telephone number (include area code): (305) 373-0320

DOLORES G. DEARMAS, PRESIDENT

Name and title (Please type or print clearly.) ▶

Fax telephone number (include area code): (305) 377-1422

Signature ▶ Dolores G. de Armas Date ▶ 3/20/98

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

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