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

200 Aug. 100 FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 **DIVISION OF CORPORATIONS** 97 MAY 16 AM 10: 27 **FILING FEE** Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee SECRETARY OF STATE \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE TĂĽĽÄĦÁŠŠĖĔ FĽORIDA Name and Mailing Address of Limited Liability Company **DOCUMENT** #L96000000278 1a. Principal Place of Business Address DE ZARRAGA GROUP, L.C. % NICHOLAS J. GUTIERREZ, JR. ESO. NITCHOLAS J. GUTIERREZ, JR. EST. -2601 SOUTH BAYSHORE DRIVE, SUITE 1600 2601 SOUTH BAYSHORE DRIVE, SU MIAMI FL 33133 (Iami fl 33133 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a Principal Place of Busi 3. Date Organized or Qualified 3a. State of Formation 03/05/1996 FL Suite, Apt. #, e 4. FEI Number Applied For City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired 8.75 Additional Ece Required 7. Name and Address of Current Registered Agent B. Name and Address of New Registered Agent CUTTERREZ, NICHOLAS J. 21601 SOUTH BAYSHORE DRIVE BUՀՎԵ 1600 MIAMI_EL 33133 City 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 SIGNATURE Managing Members/Managers 10. Title **Business Street Address** City, State and Zip Code 416 AMALFI AVENUE MGR DE ZARRAGA, MARCOS CORAL GABLES FL MGR PRELLEZO, ESTEBAN J \$765 S.W. 53RD COURT MIAMI FL MGR DE ZARRAGA, MANUEL ONE BISCAYNE TOWER SUITE MIAMI FL 500002188995--6 -05/22/97--01136--003 ***3456.25 ****203.75 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 808, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address. MOORS NO SIGNATURE: / INHSE10 R(12-96)