

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 APR 28 AM 8:47

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998
FLORIDA DEPARTMENT OF STATE
Samira B. Monahan
Division of Corporations

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 # L96000000278

DE ZARRAGA GROUP, L.C.
~~8 NICHOLAS J. GUTIERREZ~~
701 BRICKELL AVE., STE 2150
MIAMI FL 33131

1a. Principal Place of Business Address

~~8 NICHOLAS J. GUTIERREZ~~
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

03/05/1996

3a. State of Formation

FL

4. FEI Number

APPLIED FOR

☐ Applied For

☐ Not Applicable

5. Date of Last Report

05/16/1997

6. Certificate of Status Desired

☐ SB 75 Additional Fee Required

7. Name and Address of Current Registered Agent

GUTIERREZ, NICHOLAS J
~~8 NICHOLAS J. GUTIERREZ~~
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

Nicholas J. Gutierrez, Jr.

DATE

4/2/98

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGR DE ZARRAGA, MARCOS

416 AMALFI AVENUE

CORAL GABLES FL

MGR PRELLEZO, ESTEBAN J

8765 S.W. 53RD COURT

MIAMI FL

MGR DE ZARRAGA, MANUEL

ONE BISCAYNE TOWER SUITE

MIAMI FL

MGR Gutierrez, Jr., Esq., Nicolas J.

1101 Brickell Ave., Ste. 1400

Miami, FL

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2455.00 *188.75

BK

4/28/98

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:

Nicholas J. Gutierrez, Jr.

4/2/98

(305) 373-0330

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime 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. 1545-0003
Expires 12-31-96

Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) De Zarraga Group, L.C.		
	2 Trade name of business, if different from name in line 1		3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) 1101 Brickell Ave., Ste. 1400		5a Business address, if different from address in lines 4a and 4b
	4b City, state, and ZIP code Miami, FL 33131		5b City, state, and ZIP code
	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.) ▶ Nicholas J. Gutierrez, Jr., Esq. 266-85-3031		
	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"/> REMIC <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Plan administrator—SSN <input type="checkbox"/> State/local government <input type="checkbox"/> National guard <input checked="" type="checkbox"/> Other corporation (specify) FL Ltd. Liab. Co. <input type="checkbox"/> Other nonprofit organization (specify) (enter GEN if applicable) <input type="checkbox"/> Other (specify) ▶ qs Corporation - 3 members <input type="checkbox"/> Trust <input type="checkbox"/> Partnership <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Church or church controlled organization		
8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶ State FL Foreign country		98 APR 28 AM 8:47 FILED STATE SECRETARY OF CORPORATION DIVISION OF CORPORATION	
9 Reason for applying (Check only one box.) <input checked="" type="checkbox"/> Started new business (specify) ▶ 3/5/96 (holding co.) <input type="checkbox"/> Hired employees <input type="checkbox"/> Changed type of organization (specify) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Banking purpose (specify) ▶ <input type="checkbox"/> Created a trust (specify) ▶ <input type="checkbox"/> Other (specify) ▶			
10 Date business started or acquired (Mo., day, year) (See instructions.) 3/5/96			
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			
14 Principal activity (See instructions.) ▶ Holding company			
15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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"/> Business (wholesale) <input checked="" type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶ N/A			
17a Has the applicant ever applied for an identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 ▶			
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			
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) 373-0330			
Name and title (Please type or print clearly.) ▶ Nicholas J. Gutierrez, Jr., Esq., Sec.			
Signature ▶ Nicholas J. Gutierrez, Jr. Date ▶ 4/2/98			
Note: Do not write below this line. For official use only.			
Please leave blank ▶ Geo. Ind. Class Size Reason for applying			