

2nd NOTICE: Limited Liability Company Will Be Dissolved On Or After October 8, 1997. If Dissolved, Minimum Amount Due To Reinstate: \$703.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
97 OCT -6 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE \$ 588.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L96000000280

DIEGO GROUP, L.C.
7350 MINDELO STREET
CORAL GABLES FL 33143

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

1a. Principal Place of Business Address
7350 MINDELO STREET
CORAL GABLES FL 33143

2. Principal Place of Business <i>SAME</i>	2a. Mailing Address	3. Date Organized or Qualified 03/05/1996	3a. State of Formation FL
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip	Country

7. Name and Address of Current Registered Agent

GUTIERREZ, NICOLAS J JR
2601 SOUTH BAYSHORE DRIVE
SUITE 1600
MIAMI FL 33133

8. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, etc. _____
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 _____ DATE _____
(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	LAMAR, SERVANDO D	7350 MINDELLO ST.	CORAL GABLES FL
MGR	LAMAR, LOURDES D	7350 MINDELLO ST.	CORAL GABLES FL
MGR	SOLFE, FRANCISCO J	FRANCISCO SUAREZ 20 1-A	28036 MADRID ESPANA
MGR	SOLFE, ANA D	SOTILLO 23 PARQUE CONDE DE	28036 MADRID ESPANA
MGR	SOLFE, GABINO D	AVE. PIO XII 94 BLOQUE 1,	BLOQUE 1, 3-B MADRID

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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) (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: *Lourdes Diego* LOURDES DIEGO 9-30-97 (305) 662-4108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Day: mt Phone #