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

FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS 97 MAY 16 AM 9: 55 FILING FEE Annual Report \$100.00 + \$103.76 Corporation Supplemental Fee SECRETARY OF STATE TALLAHASSEE FLORIDA \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT** #L96000000281 1a. Principal Place of Business Address CIFUENTES Y CIA., L.C. \* NICMOLAS J. GUTIERREZ, JR., 850. % NICTOLAS J. GUTIERREZ, JR. 1830 2601 S BAYSHORE DRIVE, SUITE -2601 S BAYSHORE DRIVE, SUITE 1600-MIANI\_FL\_33133 MIANI FL 33133 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a 2a. Mailing Address 3. Date Organized or Qualified | 3s. State of Formation 2 Principal Place of Business 03/05/1996 4. FEI Number Applied For City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Str.75 Additional Fee Beguired 7. Name and Address of Current Registered Agent B. Name and Address of New Registered Agent GUTIERREZ, NICOLAS J 2601 SOUTH DAYSHORE DRIVE SUITE\_1600~ MIAMI FL 33133 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 10. Title City, State and Zip Code Managing Members/Managers **Business Street Address** MGR CIFUENTES, RAMON PENALBA NO. 4 SOMOSAQUAS 2 MADRID, ESPINA MGR RODRIGUEZ, CELIA B PENALBA NO. 4 SOMOSAQUAS 2 MADRID, ESPINA MGR. BERNAL, CELIE C PENALBA NO. 4 SOMOSAQUAS 2 MADRID, ESPINA 200002188992--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 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address. AND TYPED OR PRINTED NAME OF SIGNING MANAGING ME