

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 APR 28 AM 8:33

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1998  
FLORIDA DEPARTMENT OF STATE  
L96000000281

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 # L96000000281

CIFUENTES Y CIA., L.C.  
% NICHOLAS J. GUTIERREZ, JR.  
701 BRICKELL AVE., SUITE 2150  
MIAMI FL 33131

1a. Principal Place of Business Address  
% NICHOLAS J. GUTIERREZ, JR.  
701 BRICKELL AVE., SUITE 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  
5. Date of Last Report 05/16/1997  
6. Certificate of Status Desired  
\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  
GUTIERREZ, NICOLAS J  
% NICHOLAS J. GUTIERREZ, JR.  
701 BRICKELL AVE., SUITE 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 FL Zip Code

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 4/5/98  
(Registered Agent Accepting Appointment) (Not Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
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
MGR	GUTIERREZ, JR., ESQ., NICHOLAS J.	1101 Brickell Ave., Ste. 1400	Miami, FL

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-05/12/98--01013--001  
\*\*\*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. Nicholas J. Gutierrez, Jr., Esq. 4/5/98 (305) 373-0330  
SIGNATURE AND TYPE (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.) <u>Nicholas J. Gutierrez, Jr., Esq.</u>		
	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.) <u>1101 Brickell Ave.</u>		5a Business address, if different from address in lines 4a and 4b
	4b City, state, and ZIP code <u>Miami, FL 33131</u>		5b City, state, and ZIP code
	6 County and state where principal business is located <u>Miami-Dade, FL</u>		
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ▶ <u>Nicholas J. Gutierrez, Jr., Esq.</u>		
	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"/> Trust			
<input type="checkbox"/> REMIC <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Plan administrator-SSN <input type="checkbox"/> Partnership			
<input type="checkbox"/> State/local government <input type="checkbox"/> National guard <input checked="" type="checkbox"/> Other corporation (specify) <u>FL Ltd. Liab. Co.</u> <input type="checkbox"/> Farmers' cooperative			
<input type="checkbox"/> Other nonprofit organization (specify) (enter GEN if applicable)			
<input type="checkbox"/> Other (specify) ▶ <u>as Corporation - 3 members</u>			
8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶		State <u>FL</u>	Foreign country
9 Reason for applying (Check only one box.)			
<input checked="" type="checkbox"/> Started new business (specify) ▶ <u>adding co.</u>			
<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.) <u>3/5/96</u>		11 Enter closing month of accounting year. (See instructions.) <u>December</u>	
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) <u>N/A</u>			
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 <u>0</u>	Agricultural <u>0</u>
14 Principal activity (See instructions.) ▶ <u>Holding Company</u>		Household <u>0</u>	
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"/> Public (retail) <input type="checkbox"/> Other (specify) ▶ <input type="checkbox"/> Business (wholesale) <input checked="" type="checkbox"/> 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.			
Name and title (Please type or print clearly.) ▶ <u>Nicholas J. Gutierrez, Jr., Esq., Sec.</u>		Business telephone number (include area code) <u>(305) 373-0330</u>	
Signature ▶ <u>Nicholas J. Gutierrez, Jr.</u>		Date ▶ <u>4/5/96</u>	
Note: Do not write below this line. For official use only.			
Please leave blank ▶	Geo.	Ind.	Class
			Size
			Reason for applying