File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

188.75

SIGNOF COMPONATIONS							28 SECTIONS DESCRIPTIONS 99 MAY -3 AM 9: 24			
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address of Limited Liability Company DOCUMENT # L96000000281							· · · · · ·	У ж и ;	J· Z4	
CIFUENTES Y CIA., L.C. C/O NICOLAS J. GUTIERREZ, JR. 1101 BRICKELL AVE., SUITE 1400 MIAMI FL 33131						1a. Principal Place of Business Address C/O NICOLAS J. GUTIERREZ, JR 1101 BRICKELL AVE., SUITE 14 MIAMI FL 33131				
2 Principal Place of Business 2a. Mailin			ng Address			3. Date Organize 03/05/1		3a. State	3a. State of Formation	
Suite, Apt. #, etc. Suite, Ap			l. #, etc.			4. FEI Number			Applied For	
City & State City & Sta			ale			APPLIED FOR			Not Applicable	
Zip	Country	Zıp	Cou	ıntry		5. Date of Last Report			cate of Status Desired	
<u> </u>	7. Name and Address of Current Registers		Agent	gent		04/28/1998 Name and Address of New Region				
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc05/13/3901114002 ***2821.25 ****188.7 Zip Code ***2821.25 ****188.7 Zip Code ****Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc05/13/3901114002 ****2821.25 ****188.7 Zip Code ***********************************									-01114002 5 ****188.79	
10. Title Managing Members/Managers			Business Street Address				City, State and Zip Code			
MGR MGR MGR MGR	CIFUENTES, RA RODRIGUEZ, CE BERNAL, CELIE GUTIERREZ, NI	ELIA B	PENALBA PENALBA 1101 BRI	NO. 4	SOMO	SAQUAS 2	MADRII MADRII MADRII MIAMI	D, ES	PINA	
11. I do he	1. 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:

SIGNA

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