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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILING \$ 188	FEE Ani	nual Report \$100.0 ake Check Payable	Fee	98	B-YAM	AM IU:	1 /							
1. Name	and Mailing A													
1. Name and Mailing Address of Limited Liability Company DOCUMENT # 19600000284								Demotoral Olo	a of Business	- 4-1-1				
SUCESORES DE FALLA (MT&E), L.C.								1a. Principal Place of Business Address						
520 BRICKELL KEY DRIVE								520 BRICKELL KEY DRIVE						
	SUITE							SUITE 1804						
MIAMI FL 33131									MIAMI FL 33131					
9 Princin	al Place of Bu	cinece	ing Address				ata Organiza	ed or Qualified	3a. State	a of Far				
a. Tymoleti i acc or boomoo			20. 11011	idining reguloss				_		Ja. Slai	B OI FOII	Hallon		
Suite, Apt. #, etc. Sui			Suite, Ap	o, Apt. #, etc.				3/05/1	996	FL				
							• '	4. FEI Number			Applied For			
City & State			City & Ste	ty & State				APPLIED FOR			Not Applicable			
Zip		Country	Zip		Country			ate of Last P		6. Certifi	cate of S	Status Des	sired	
- <b>.</b>		,					ر ا	4 /07 /1	007	\$8.75 Add	litional Fig	ee Roquired		
7. Name and Address of Current Registe				Agent	<u>'</u>		e and Address of New Registered Agent/				Office			
	<u>-</u>					Name	270	V 1:		F- 1 .				
GUTI	ERREZ,	JR., NICOL	SQ JOHN SON NUMBER 18 NOT ACCEPTE						150.					
	E 701	LL AVE.		MED 1 RAGINATION					Not Accept	70.	44	$\cap$		
	I FL 3:	3131			۳	Sulte, Apt. #	, etc.	Ave.						
								7100.						
				City M:				· · · · · · · · · · · · · · · · · · ·			Zip Code			
Dureus	ent to the provi	cions of Sections 609 41	6 and 600 E00	Elorida Statuto	s the abo	us samed lin	'Ilay	YL	FL		<u> </u>	<u> </u>		
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 changi 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												nging :ment		
as registered agent, and accept the obligations.														
SIGNATU	RE _/VCX	WAY STANKING	170. 110	OTE Registered Agent signature required when reinstelling					DATE	3/8/4/	98_			
IO. Title	Ma	naging Members/Manag	<del>) v                                     </del>			Street Addr			Cit	y, State and	Zip Cod	e		
								-						
MGR	BATIS	600 GRAPETREE DR.					MBM D	T 0 0 3 1/1						
	<b>  111</b>   11   11   11   11   11   11	GOO GRAPEIREE DR.				г. 5-в	KEI B	1DMI	NE E	Ъ				
MGR	BATIS	ra-falla, a	520 BRICKELL KEY D				#180	KEY	480X41	NE F	'L			
MGR	DAMITC	מד מי אים	^	0 011 0	E0 E	^ TTD G	1000			~~- ~~-				
MGK	DAILS	ra, CLELIA	C	9 CH.D	ES F	JURS,	1223	COTOG	1223	COLOGI	NY,	SWIT	ZE	
MGR	BATIS	ra-falla, v	ICTOR	NUNEZ	BALB	OA 73	(912)	))	28001	MADR	ID.	SPAI	N	
							•	,			,		-	
MGR	MESTRI	E, LUIS		17C CH	. SO	JS-CAF	RAN	60	_122_V	<u>esena</u> j	ع م	WITZ	ER,	
								~~		4/98(				
									非未未未	188.75	排床库	×188.	. 75	
								ļ					l	
	<del></del>													
1. Idoher	eby certify tha	the information supplied	with this filing do	oes not qualify to	r the exem	ption stated i	in Section 1	19.07(3) (i), Fi	orida Statutes	s. I further cer	tify that t	he informa	ation	

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 liapility ompany 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.