

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

188.75

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE

L9600000287

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 APR 28 AM 8:44

**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 #** L9600000287  
  
CENTRAL BAHIA HONDA, L.C.  
% NICOLAS J. GUTIERREZ, JR., ESQ.  
~~701 BRICKELL AVE., SUITE 2150~~  
MIAMI FL 33131

1a. Principal Place of Business Address  
  
% NICOLAS 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 03/07/1996  
3a. State of Formation FL  
4. FEI Number  Applied For  
 Not Applicable  
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 JR., ESQ  
~~% NICOLAS J. GUTIERREZ, JR., ESQ.~~  
~~701 BRICKELL AVE., SUITE 2150~~  
MIAMI FL 33131

8. Name and Address of New Registered Agent/Office  
Name 200002519492--7  
-05/12/98--01013--001  
Street Address (P.O. Box Number is Not Applicable) 1101 Brickell Ave.  
Suite, Apt. #, etc. Ste. 1400  
City MIAMI 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 Nicolas J. Gutierrez, Jr. DATE 4/3/98  
(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	PEDROSO, VICTOR M	1324 SOPERA AVENUE	CORAL GABLES FL
MGR	ARGUELLES, <sup>JR.</sup> FERNANDO J	1002 ALFONSO AVENUE	CORAL GABLES FL
MGR	SANCHEZ, ALFREDO J	3608 S.W. 57TH AVENUE	MIAMI FL
MGR	DE LOS REYES, GUSTAVO	3608 S.W. 57TH AVENUE	MIAMI FL
MGR	FALCON, ANTONIO	621 SAN ANTONIO AVENUE	CORAL GABLES FL
MGR	Gutierrez, Jr., Esq., Nicolas, J.	1101 Brickell Ave. Ste. 1400	MIAMI, FL

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: Nicolas J. Gutierrez, Jr. DATE 4/3/98 (305) 373-0330  
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Daytime Phone #

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Form SS-4 (Rev. December 1993) Department of the Treasury Internal Revenue Service

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

1 Name of applicant (Legal name) (See instructions.) Central Bahia Honda, L.C.
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.) 1101 Brickell Ave., Ste. 1400
4b City, state, and ZIP code Miami, FL 33131
5a Business address, if different from address in lines 4a and 4b
5b City, state, and ZIP code
6 County and state where principal business is located Miami-Dade, FL
7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) Nicolas J. Gutierrez, Jr., Esq.

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8a Type of entity (Check only one box.) (See instructions.)
[ ] Sole Proprietor (SSN)
[ ] REMIC
[ ] State/local government
[ ] Other nonprofit organization (specify)
[ ] Other (specify) S Corporation - 5 members
[ ] Estate (SSN of decedent)
[ ] Plan administrator-SSN
[X] Other corporation (specify) FL Ltd. Ltd Co.
[ ] Trust
[ ] Partnership
[ ] Farmers' cooperative
[ ] Federal government/military
[ ] Church or church controlled organization
(enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated State FL Foreign country

9 Reason for applying (Check only one box.)
[X] Started new business (specify) holding co.
[ ] Hired employees
[ ] Created a pension plan (specify type)
[ ] Banking purpose (specify)
[ ] Changed type of organization (specify)
[ ] Purchased going business
[ ] Created a trust (specify)

10 Date business started or acquired (Mo., day, year) (See instructions.) 3/7/96
11 Enter closing month of accounting year. (See instructions.) December

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) N/A

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 0 Agricultural 0 Household 0

14 Principal activity (See instructions.) Holding Co.

15 Is the principal business activity manufacturing? [ ] Yes [X] 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.
[ ] Public (retail) [ ] Other (specify) [ ] Business (wholesale) [X] N/A

17a Has the applicant ever applied for an identification number for this or any other business? [ ] Yes [X] 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. Business telephone number (include area code)

Name and title (Please type or print clearly.) Nicolas J. Gutierrez, Jr., Esq., Sec. (305) 373-1330

Signature Nicolas J. Gutierrez, Jr. Date 4/3/98
Note: Do not write below this line. For official use only.

Please leave blank Geo. Ind. Class Size Reason for applying