


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L96000000289 MIBANA RECOVERY, I.C. % NICHOLAS J. GUTIERREZ, JR. 2601 SOUTH BAYSHORE DRIVE, SUITE 1600 MIAMI FL 33133		1a. Principal Place of Business Address % NICHOLAS J. GUTIERREZ, JR. 2601 SOUTH BAYSHORE DRIVE, SU MIAMI FL 33133	
2. Principal Place of Business c/o Alberto Diaz Masvidal Suite, Apt. #, etc. Suite 416 City & State 19 West Flagler Street Miami, Florida Zip 33130 Country USA		2a. Mailing Address c/o Alberto Diaz Masvidal Suite, Apt. #, etc. P.O. Box 143557 City & State Coral Gables, Florida Zip 33114 Country USA	
3. Date Organized or Qualified 03/13/1996		3a. State of Formation FL	
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent GUTIERREZ, NICOLAS J JR. 2601 SOUTH BAYSHORE DRIVE SUITE 1600 MIAMI FL 33133		8. Name and Address of New Registered Agent Name Alberto Diaz Masvidal Street Address (P.O. Box Number is Not Acceptable) 19 West Flagler Street, Suite 416 Suite, Apt. #, etc. Suite 416 City Miami Zip Code FL 33130	
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 <u>Alberto Diaz Masvidal</u> DATE <u>3/28/97</u> (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-instating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	RATISTA-FALLA, AGUSTIN	11 BOIS DE L'AULNIAC	78930 GOUSSONVILLE
MGR	BATISTA-FALLA, VICTOR	NUNEZ DE BALBOA 73 90 PISO	28001 MADRID ESPANA
			8000002139588--6 -04/10/97--01088--003 ****203.75 ****203.75 JB4-9-97
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: <u>Alberto Diaz Masvidal</u> <u>3/28/97</u> <u>3885400</u> (Signature) (Typed or Printed Name of Signing Managing Member or Manager) (Date) (Daytime Phone #)			