

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 APR 27 AM 8:06

**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 #** L96000000289

MIBANA RECOVERY, L.C.  
C/O ALBERTO DIAZ MASVIDAL  
P.O. BOX 143557  
CORAL GABLES FL 33114

1a. Principal Place of Business Address

% ALBERTO DIAZ MASVIDAL  
19 WEST FLAGLER STREET, SUIT  
MIAMI FL 33130

2. Principal Place of Business

520 Brickell Key Drive

2a. Mailing Address

P.O. Box 143-557

Suite, Apt. #, etc.  
1804

Suite, Apt. #, etc.

City & State

Miami, Fla.

City & State

Coral Gables, Fla

Zip

33131

Country

U.S.

Zip

33114

Country

U.S.

3. Date Organized or Qualified

03/13/1996

3a. State of Formation

FL

4. FEI Number

☐ Applied For

☒ Not Applicable

APPLIED FOR

5. Date of Last Report

04/09/1997

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☒

7. Name and Address of Current Registered Agent

MASVIDAL, ALBERTO DIAZ  
19 WEST FLAGLER STREET  
SUITE 416  
MIAMI FL 33130

8. Name and Address of New Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

700002508617-7

-05/04/98--01006--024

\*\*\*\*188.75 \*\*\*\*188.75

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

DATE

(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	BATISTA-FALLA, AGUSTIN	11 BOIS DE L'AULNIAC	78930 GOUSSONVILLE France
MGR	BATISTA-FALLA, VICTOR	NUNEZ DE BALBOA 73 90 PISO	28001 MADRID ESPANA

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:

*See attached*

(305) 539-0525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

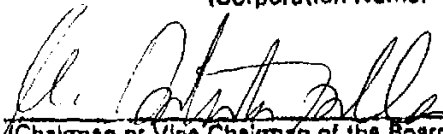
Date

Daytime Phone #

②

Signed this 7 day of April, 1997.

MIRANA RECOVERY, L.C.  
(Corporation Name)

By   
(Chairman or Vice Chairman of the Board of Directors, President or  
other officer if adopted by the shareholders)  
(A director or Incorporator if adopted by the directors or Incorporators)

AGUSTIN BATISTA-FALLA  
(Typed or printed name)

Manager  
(Title)