

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

**APPROVED
AND
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1997 MAY 14 AM 9:06

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**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 # L96000000298**

**BLANC GROUP, L.C.
% LODOVICO BLANC
4190 KIAORA STREET
MIAMI FL 33133**

1a. Principal Place of Business Address
**% LODOVICO BLANC
4190 KIAORA STREET
MIAMI FL 33133**

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/15/1996	FL
City & State		City & State		4. FEI Number 65-0751318	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Date of Last Report	6. Certificate of Status Desired SBS 75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent PUIG, PEDRO A ESQ. 2250 S.W. THIRD AVENUE SUITE 201 MIAMI FL 33129	8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 800002186558 City FL Zip Code 05/21/97-01038-011 ***203.75 ***203.75
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Pursuant to the provisions of Sections 608.416 and 608.608, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing 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 registered agent, and accept the obligations.

SIGNATURE _____ **DATE** _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
R	BLANC, LODOVICO	4190 KIAORA STREET	MIAMI FL
MC	BLANC, MARGHERITA L	4190 KIAORA STREET	MIAMI FL
MGR	BLANC, MARIA V	4190 KIAORA STREET	MIAMI FL

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: Lodovico Blanc **LODOVICO BLANC** **4/14/97 (305) 666-8387**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #