

2nd and * File on or before Sept. 29, 1999 or Limited Liability Company
FINAL NOTICE: will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED LR 9/21
99 SEP 17 PH 1:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILING FEE \$ 588.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company	DOCUMENT # L96000000303
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PERLA ANTILLES, L.C.
1 SE 3RD AVE, SUITE 1980
MIAMI FL 33131

1a. Principal Place of Business Address

1 SE 3RD AVE, SUITE 1980
MIAMI FL 33131

2. Principal Place of Business	2a. Mailing Address
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

03/11/1996

3a. State of Formation

FL

4. FEI Number

NOT APPLICABLE

☐ Applied For

☐ Not Applicable

5. Date of Last Report

05/01/1998

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

AMKGS REGISTERED AGENTS, INC.
1980 SUN TRUST INTERNATIONAL CENTER
1 SE 3RD AVE
MIAMI FL 33131

Name

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

Suite, Apt. #, etc.

City

50000293585
-09/22/99--01044--011
****FL Code****588.75
FL

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

(If signed by Agent/Manager/Authorized Representative) (NOTE: Registered Agent signature required when re-registering)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	VELASCO, ALVARO	1 SE 3RD AVE, SUITE 1980	MIAMI FL
MGRM	AMKGS REGISTERED AGENT	1 SE 3RD AVE, SUITE 1980	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:

9/15/99 3053725920

(Signature of Agent/Manager/Authorized Representative)

Date

Signature Printed