File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY FILED Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 May -1 PM N: 09 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 # L9600000305 **DOCUMENT #** L9600000305 1a. Principal Place of Business Address C. NACAN, L.C.
1 SE 3RD AVE, SUITE 1980 1 SE 3RD AVE, SUITE 1980 MIAMI FL 33131 MIAMI FL 33131 3. Date Organized or Qualified 2. Principal Place of Business 2a. Mailing Address 3a. State of Formation 03/11/1996 4. FEI Number FLSuite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable NOT APPLICABLE 5. Date of Last Report 6. Certificate of Status Desired Country Ζip Zip Country \$8.75 Additional Fee Required 05/01/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office AMKGS REGISTERED AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 1980 SUN TRUST INTERNATIONAL CENTER 1 SE 3RD AVE, SUITE 1980 Suite, Apt. #, etc. MIAMI FL 33131 City 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. DATE SIGNATURE _ (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) **Business Street Address** 10. Title Managing Members/Managers City, State and Zip Code MGRM DEL VALLE, ELENA GONZA 1 SE 3RD AVE, SUITE 1980 MIAMI FL MGRM AMKGS REGISTERED AGENT 1 SE 3RD AVE, SUITE 1980 MIAMI FL 300002516023----05/07/98--01106--019 ****188.75 ****188.75 11. Ido 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 trustge ampowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an

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

attachment with an address.

SIGNATURE: 🚄