

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 <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**  
**98 MAY 11 PM 12:55**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>FILING FEE</b> <b>\$ 188.75</b>	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company	<b>DOCUMENT #</b> L96000000325
COMPANIA ARRENDATARIA SAN JOSE, L.C. 10995 S.W. 116TH STREET MIAMI FL 33176	

1a. Principal Place of Business Address
10995 S.W. 116TH STREET MIAMI FL 33176

2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

3. Date Organized or Qualified	3a. State of Formation
03/11/1996	FL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired
04/04/1997	\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
GUTIERREZ, NICHOLAS J JR. 701 BRICKELL AVE., SUITE 2150 MIAMI FL 33131

8. Name and Address of New Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
200002522532--5
Suite, Apt. #, etc.
-05/13/98--01112--021
****188.75 ****188.75
City
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
M	DUQUESNE, MARIA A	3630 S.W. 128 <sup>th</sup> ST.	MIAMI FL 33145
M	DE MAESTRI, MARIA A	10995 S.W. 116TH ST.	MIAMI FL 33176
M	ZULUETA, MARIA A	XZUBIETA 12, 8 PISO	SAN SEBASTAIN, GUIPU
M	DE ZULUETA, JULIAN	10995 S.W. 116TH ST.	MIAMI FL 33186
M	DE ZULUETA, BEATRIZ	10602 S.W. 134 PL	MIAMI FL 33176

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: Maria Antonia del de Maestri  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

# Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

► Keep a copy for your records.

Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) <b>Compañia Arrendataria San José, L.C.</b>		
	2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) <b>10995 SW 116th St.</b>		5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code <b>Miami, FL 33176</b>		5b City, state, and ZIP code
	6 County and state where principal business is located <b>Miami-Dade, FL</b>		
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ► <b>Bettriz de Zulueta, Manager</b>		
	8a Type of entity (Check only one box.) (See instructions.) <input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Partnership <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Plan administrator-SSN <input type="checkbox"/> REMIC <input checked="" type="checkbox"/> Limited liability co. <input type="checkbox"/> Other corporation (specify) ► <input type="checkbox"/> State/local government <input type="checkbox"/> National Guard <input type="checkbox"/> Trust <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Other nonprofit organization (specify) ► (enter GEN if applicable) <input type="checkbox"/> Other (specify) ►		
8b If a corporation, name the state or foreign country (if applicable) where incorporated <b>FL</b>		Foreign country	
9 Reason for applying (Check only one box.) <input checked="" type="checkbox"/> Started new business (specify) ► <b>Holding Co.</b> <input type="checkbox"/> Hired employees <input type="checkbox"/> Banking purpose (specify) ► <input type="checkbox"/> Created a pension plan (specify type) ► <input type="checkbox"/> Changed type of organization (specify) ► <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify) ► <input type="checkbox"/> Other (specify) ►			
10 Date business started or acquired (Mo., day, year) (See instructions.) <b>3/11/96</b>		11 Closing month of accounting year (See instructions.) <b>December</b>	
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) . . . . .			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.) . . . . .			
14 Principal activity (See instructions.) ► <b>Holding Company</b>			
15 Is the principal business activity manufacturing? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," principal product and raw material used ►			
16 To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Business (wholesale) <input checked="" type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ► <b>N/A</b>			
17a Has the applicant ever applied for an identification number for this or any other business? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 17b and 17c.			
17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above Legal name ► Trade name ►			
17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (Mo., day, year) City and state where filed Previous EIN			

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct and complete.

Business telephone number (include area code)  
**(305) 534-9607**  
Has telephone number (include area code)

Name and title (Please type or print clearly.) ► **Bettriz de Zulueta, Manager**

Signature

Date

**4/1/98**

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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