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

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	D LIABILI' ANNUAL F 199	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS					FILED 97 APR 14 PH 12: 03						
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE									1			, <u> </u>	
1. Name and Mailing Address DOCLINAENT #									I TALLAH.	ary of s assee, fl	ORIDA		
of Limited Liability Company									1a. Principal Place of Business Address				
3 S M	095 N.V UITE 20 IIAMI FI	v. 77 00 L 331		UE	B095 N.W. 77TH AVENUE BUITE 200 MIAMI FL 33122								
If above mailing address is incorrect in any way, tine through incorrect information and enter corr 2 Principal Place of Business 2a. Malling Address								Block 2a.	3. Date Organiz	ed or Qualified	3a. State	of Formation	
	<u> </u>					-04/16/1996 FL							
Suite, Apt. #, etc.					Suite, Apt. #, etc.				4. FEI Number Applied For				
City & St	ale	City & S	City & State				65 0663742 Not Applicable						
Žφ	<u>.</u>	Zip		I Cou	intry		5. Date of Lact Report		6. Certific	cate of Status Desired			
211)		Countr	y	L END							58 75 Artil	ilional Fee Required	
7. Name and Address of Current Re					egistered Agent				6. Name and Add	ress of New R	legistered Agent		
WA VAID	י בעטעני	יים שי	M PSO				Name					}	
WAYNE, GEOFFERY M ESQ 1001 SOUTH BAYSOUTH DRIVE SUITE 2702								Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33131							Sune,	Sulte, Apt. #, etc.					
							City	·				,	
							<u> </u>			FL	7.1	a sum and a banding	
its registe	uant to the provi ered office or req lered agent, and	gistered a	gent, or both, in the	and 608.50 State of Fi	98, Florida t Iorida, Such	Statutes, the change wa	e authorize	med iimited d by affirma	ative vote of a major	ty of the memor	ars. i nereby i	e purpose of changing accept the appointment	
SIGNATURE(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature								when reinstatin		DATE			
10. Title	Title Managing Members/Managers				Business Street Address				City, State and Zip Code				
MEM	DE BAR	ROS,	GUILHER	me m	3095	N.W.	77TH	AVEN	IUE, SUI	MIAMI E	FL		
MEM	GONZALI	EZ,	JOSU GAU	BEKA	3095	n.w.	77TH	AVEN	UE, SUI	MIAMI E	TL.		
мем	ESTIL-	LAS,	AUGUSTI	N	3095	N.W.	77 T H	AVEN	IUE, SUI	I IMAIN	rL		
7									20	-04/1 ****	2143 5/97 203.75	3 462 2 01046025 ****203.75	
	<u> </u>									4	hak	(
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 trustee emotwered 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.													
SIG	SIGNATURE: AMM A AGUSTIN ESTIT-LAS (Hember) 4-1-97 305 591-1616 SIGNATURE AND TYPED OF PRINTED PLANE OF SIGNING MANAGING MEMBER OR MANAGER Date Despired Phone &												
INHSEL	0 R(12-96)		/				······································						