

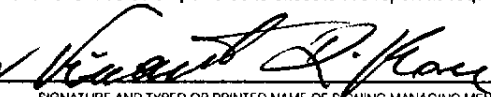



FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	FILED 97 MAR 11 PM 3:28
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 #L96000000654 TERRA BELLA, L.C. 16480 N.W. 48TH AVENUE MIAMI FL 33141		SECRETARY OF STATE TALLAHASSEE, FLORIDA 1a. Principal Place of Business Address 16480 N.W. 48TH AVENUE MIAMI FL 33141	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
		3. Date Organized or Qualified 06/14/1996	3a. State of Formation FL
		4. FEI Number 65-0672945	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report Initial Return	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent STONE, ADELE I ESQ C/O ATKINSON, DINER, STONE, ET. AL. 1946 TYLER STREET HOLLYWOOD FL 33022		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code 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 _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title MGRM DIROSA, VINCENT MGRM LOMBARDI, ALBERTO	Managing Members/Managers 16480 N.W. 48TH AVENUE 211 N. RECORD STREET #325	Business Street Address MIAMI FL 33014-6419 DALLAS TX 75202	City, State and Zip Code
			100002112561--1 -03/13/97--01056--013 ***203.75 ***203.75 
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: 		Date: 	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	