File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED SECRETARY OF STATE DIVISION OF CORPORATIONS LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 APR 28 PM 4: 20 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE **DOCUMENT # 196000000654** Name and Mailing Address of Limited Liability Company 1a. Principal Place of Business Address TERRA BELLA, L.C. 16480 N.W. 48TH AVENUE 16480 N.W. 48TH AVENUE MIAMI FL 33141 MIAMI FL 33141 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 06/14/1996 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 65-0672945 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zιρ Country 03/23/1998 \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office STONE, ADELE I ESQ C/O ATKINSON, DINER, STONE, ET. AL. 1946 TYLER STREET Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33022 Suite, Apt. #, etc. 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 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. (Registered Agent Accepting Appointment). (NOTE Registered Agent signature required when resistating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code DIROSA, VINCENT MGRM 16480 N.W. 48TH AVENUE MIAMI FL MGRM LOMBARDI, ALBERTO 211 N. RECORD STREET #325 DALLAS TX 80|0002870128- --05/11/39--01002--010 ****188.75 ****188.7S

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 trueffee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an

SIGNATURE AND TYPLD OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGIN

INHSE10 R (12-98)