FINAL N	1	ile op in efore Sept.		or Limite	lability (	om vy	88.7	845	
ANNUAL REPORT  1998  E OFFICE DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS							FILED		
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee \$588.75 Make Check Payable To; FLORIDA DEPARTMENT OF STATE							98 AUG 31 AM 8 09		
1. Name and Mailing Address of Limited Liability Company  DOCUMENT # L9600000845  SEA-BARGE, L.C.							SECRETARY OF STATE TALLAHASSEE, FLORIDA  1a. Principal Place of Business Address		
7570 N.W. 14TH STREET MIAMI FL 33126							7570 N.W. 14TH STREET MIAMI FL 33126		
2 Principa	al Place of Busin	2a. Mailir	2a. Mailing Address				Date Organized or Qualified   3a. State of Formation		
Suite, Apl.	#, <b>6</b> lc	Suite, Apl	Suite, Apt. #, etc.				08/06/1996 FL		
Cia a Chan	. <del></del>	<u> </u>					4. FEI Number Applied For		
City & State			City & State				ľ	65-0697725 Not Applicable  5. Date of Last Report 6. Certificate of Status Desired	
Zφ		Country	Zip		Countr	У		03/13/1997	
	7. Name a	ind Address of Current	Registered	Agent		Name	8. N	Name and Address of New Registered Agent/Office	
ROBINSON, WESLEY M 501 BRICKELL KEY DRIVE SUITE 504 MIAMI FL 33131 City							P.O. Box Number Is Not Acceptable)  700002635687		
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									
<b>10</b> . Title	(Brightenel Agent Accepting Appointment) (NOTE Register Illie Managing Members/Managers				Business Street Address			City, State and Zip Code	
MGRM MGRM		RGE, INC.				14TH 14TH			
MGRM		RTNERS,		7570	N.W.	14TH	ST.	. MIAMI FL	
MGRM	INTERS	HIP CORP.,		7570	W.W.	14TH	ST.	MIAMI FL	
indicated or limited habi	n this annual rep	port is true and accurate a the receiver or trustee each	nd that my si	ignature shall	I have the s	ame legal et	ffect as i	oction 119.07(3) (i), Florida Statutes. I further certify that the information is if made under oath; that I am a managing member or manager of the 608, Florida Statutes; and that my name appears in Block 10, or on an	

SIGNATURE:

August 06, 1998

Attn: Ms. Ninette Causseaux Annual Reports Filings Division of Corporations 409 East Gaines Street Tallahasse, FL 32399

Re: Document # L96000000845

Dear Ms. Ninette Causseaux,

I, Luis E. Gonzalez, certify that the 1998 Profit Corporation Annual Report Packet was never received at the address listed on the above mentioned document number.

If you have any questions or need additional information please feel free to contact the office at any time.

Sincerely

Kuls E. Gonzalez

