


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 APR 20 AM 11:44

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company DOCUMENT # L96000000913 SOUTHERN CROSS MARINAS L.C. % CARLOS A. LACASA, ESQ. 701 BRICKELL AVENUE, #1800 MIAMI FL 33131

1a. Principal Place of Business Address % CARLOS A. LACASA, ESQ. 701 BRICKELL AVENUE, #1800 MIAMI FL 33131

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip	3. Date Organized or Qualified 08/28/1996	3a. State of Formation FL	4. FEI Number 65-0840193 APPLIED FOR	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Country	Country	5. Date of Last Report 05/15/1998	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>		

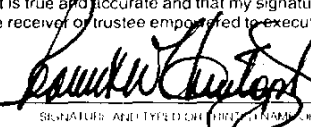
7. Name and Address of Current Registered Agent LACASA, CARLOS A ESQ. 701 BRICKELL AVENUE #1800 MIAMI FL 33131	8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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9. 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) (201) Registered Agent Signature Required When Accepting

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	CHRISTOPH, ROBERT	300 ALTON ROAD SUITE 303	MIAMI BEACH FL
MGRM	LACASA, CARLOS A	701 BRICKELL AVE., #1800	MIAMI FL
MGRM	REBULL, JULIO	8982 S.W. 8 TERRACE	MIAMI FL

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:  2/24/99 305-672-5688

SIGNATURE AND TYPED OR PRINTED NAME OF SOURCE (MANAGING MEMBER OR MANAGER)