


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 FEB -6 AM 10:24 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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 # L96000001236 GERARDO AND MERCEDES POLANCO FAMILY, L.C. 625 PUERTA AVENUE CORAL GABLES FL 33143		1a. Principal Place of Business Address 625 PUERTA AVENUE CORAL GABLES FL 33143		
<small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.</small>				
2. Principal Place of Business 625 Puerta Ave.		2a. Mailing Address		3. Date Organized or Qualified 11/25/1996
Suite, Apt. #, etc. CORAL GABLES FL		Suite, Apt. #, etc.		3a. State of Formation FL
City & State 33143		City & State		4. FEI Number 65-0712849
Zip	Country USA	Zip	Country	5. Date of Last Report Not Applicable
		6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
7. Name and Address of Current Registered Agent POLANCO, GERARDO 625 PUERTA AVENUE CORAL GABLES FL 33143		8. Name and Address of New Registered Agent Name Not Applicable Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 800002081918--3 -02/07/97--01097--005 City 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 <u>Not Applicable</u> DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>				
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code
MGRM	POLANCO, GERARDO A	625 PUERTA AVENUE		CORAL GABLES FL
MEM	POLANCO, MERCEDES	625 PUERTA AVENUE		CORAL GABLES FL
MEM	POLANCO, CARLA P	625 PUERTA AVENUE		CORAL GABLES FL
MEM	POLANCO, RICARDO J	625 PUERTA AVENUE		CORAL GABLES 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: <u>Gerardo Polanco (GERARDO POLANCO)</u>		2-3-97 305 279-3878		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>		<small>Date Daytime Phone #</small>		