


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
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FILED
97 APR 18 AM 9:06

FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 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 # L96000001265

GERENPRO FLORIDA, L.C.
~~BRICKELL AVE. STE 1006~~
 MIAMI FL

1a. Principal Place of Business Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

999 BRICKELL AVE. STE 1006
 MIAMI FL

2 Principal Place of Business

Suite, Apt. #, etc.
 42 S.W. 34TH AVENUE
 City & State
 MIAMI, FLORIDA
 Zip
 33135

2a. Mailing Address

SAME
 Suite, Apt. #, etc.
 City & State
 Zip
 Country

3. Date Organized or Qualified
 12/02/1996

3a. State of Formation
 FL

4. FEI Number
 65-0713855

Applied For
 Not Applicable

5. Date of Last Report

6. Certificate of Status Desired
 \$0.75 Additional Fee Required

7. Name and Address of Current Registered Agent

AMADO, JESUS CFA
 42 SW 34TH AVENUE
 MIAMI FL 33135

8. Name and Address of New Registered Agent

Name
 SAME
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, etc.
 City
 FL
 Zip Code

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	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	FALCON, HECTOR	999 BRICKELL AVE. STE 1006	MIAMI FL
MGR	FALCON, GRISELDA	999 BRICKELL AVE. STE 1006	MIAMI FL

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 ****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) (l), 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: *Jesús H. Amado*

JESUS H. AMADO
 REGISTERED AGENT 04/01/97 (305) 442-9788

Date: _____ Daytime Phone #: _____