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

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 APR -5 AM 11:28

FILING FEE	Annual Report $100.00 + $88.75 Corporation Supplemental Fee
$ 188.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

DOCUMENT # L97000000107

1. Name and Mailing Address of Limited Liability Company

MAIOLICA ARTS L.C.
1001 BRICKELL BAY DRIVE, STE. 2702
MIAMI FL 33131-4940

1a. Principal Place of Business Address

1001 BRICKELL BAY DRIVE, STE
MIAMI FL 33131

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip | Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

3. Date Organized or Qualified: 01/28/1997

3a. State of Formation: FL

4. FEI Number: NOT APPLICABLE

☐ Applied For
☐ Not Applicable

5. Date of Last Report: 07/06/1998

6. Certificate of Status Desired
$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

WAYNE, GEOFFREY M
1001 BRICKELL BAY DRIVE, STE. 2702
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 | Zip Code

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 _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature Required Below or Attached)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	CORDOBA PELLMAN, VANES	1001 BRICKELL BAY DRIVE, S	MIAMI FL
MGRM	CORDOBA PELLMAN, MONIC	1001 BRICKELL BAY DRIVE, S	MIAMI FL
MGRM	CORDOBA, ANDREA C	1001 BRICKELL BAY DRIVE, S	MIAMI FL

-04/16/99--01002--007
****188.75 ****188.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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: _____ 4/1/99 305.381.8108
SIGNATURE AND TYPE OR PRINT NAME OF MGR/MANAGER/MEMBER/GENERAL PTR DATE DAYTIME PHONE #

INHSE10 R (12-98)