| | IABILITY COMPANY IUAL REPORT 1999 | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | | 00 | FILED | | |
|---|--|----------------------------|---|---|---|--|-------------------------------|----------------|
| FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1 Name and Mailing Address of Limited Liability Company DOCUMENT # L97000000333 | | | | | 99 APR 12 PM 3: 53 | | | |
| | | | | | | | | |
| 2 Principal Place of Business 2a. Mai | | | ling Address | | 3. Date Organized or Qualified | | 3a. State of Formation | |
| Suite, Apl. #, etc | | Suite, Ap | pt. #, etc. | 03/20/1997 FL 4. FE! Number | | | | |
| City & State | | City & St | City & State | | | Applied For | | |
| Z _{IP} Country | | . — — — — | Z p Country | | 5. Date of Last Report 6. Certificate of Status Desir | | Not Applicable Status Desired | |
| *.·P | Commy | | | | 05/01/1 | 998 | \$8.75 Additional | Fee Required |
| 9. Pursuant to t | | n the State of Flo | | Suite, Apt. #, etc. City Zip Code bove-named limited liability company submits this statement for the purpose of changing uthorized by affirmative vote of a majority of the members. Thereby accept the appointment | | | | |
| SIGNATURE | (Flague re (Agent A) es | oli g Appelonant d | Nate Beginned Agests per | والمراجع ومعالم المعاروة والمعار | ſ | ATE | | |
| 10. Title Managing Members/Managers | | | Business Street Address | | | City, State and Zip Code | | de |
| MGRM CC | HEN, MARK D | 4000 HOLLYWOOD BLVD STE 48 | | HOLLYWOOD FL | | | | |
| MGRM LA | GE, GONZALO M | 7525 N.W. 8 STREET, SUITE | | MIAMI FL | | | | |
| MGRM CH | GRM CHALBAUD, LUIS RAMON | | | 520 BRICKELL DRIVE, #1007 | | MIAMI | FL | Ì |
| | | | 11-15-99 | | | nnno28453313 -04/20/9901076003 ****197.50 ****197.50 | | |
| indicated on this a | ertify that the information supplic annual report is true and accura mpany or the receiver or truster an address. | ate and that my s | ignature shall have the | same legal effect as equired by Chapter 6 | if made under oath, 08 - Florida Statules | that I am a man | aging member or | manager of the |