File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

FILED

98 APR 27 PM 1:55

Secretary of State DIVISION OF CORPORATIONS

FILING \$ 188	FEE Ann	nual Report \$100.00 ake Check Payable	SECRETARY OF STATE TALLAHASSEE, FLORIDA						
1. Name of Lim	and Mailing Ad ited Liability Co		MENT	T #		00508			
THE HIDDEN PLACE, L.L.C. 2152 SW 12TH STREET MIAMI FL 33135							1a. Principal Place of Business Address 2152 SW 12TH STREET MIAMI FL 33135		
2. Principal Place of Business 2a. 1			2a. Mail	Mailing Address			3. Date Organiz	ed or Qualified	3a. State of Formation
Suite, Apt. #, etc.			Suite, Apt. #, etc.				05/08/1997 FL 4. FEI Number		FI. Applied For
City & State			City & State				65-0753819 Not Applicable		
Z îp		Country	Zip		Count	ry	5. Date of Last F	Report	B. Certificate of Status Desired S8.75 Additional Fee Required
	7 Name	and Address of Current	Booletored	Amont	!		<u> </u>		
7. Name and Address of Current Registered RIVERO-PEDREGAL, LUIS 2152 SW 12TH STREET MIAMI FL 33135				Agent		Name	Name and Addres	s of New Hegis	tered Agent/Office
						Street Address (P.O. Box Number Is Not Acceptable) Sulte, Apt. #, etc05/05/9801120011			
						City	****1 <u>9</u> 9.2% ****188.75		
its register	red office or regi	sions of Sections 608.416 distered agent, or both, in the accept the obligations.	and 608.508 a State of Flo	, Florida Statut rida. Such char	les, the al nge was a	pove-named limited uthorized by affirmat	liability company s tive vote of a majorit	ubmits this state y of the members	ment for the purpose of changing s. I hereby accept the appointment
SIGNATU	RE	(Registered Agent Accepting	Annochemit /	OTE Boostored A	and translur	o soo used uk os sainutaluus		DATE	
10. Title	Mar	naging Members/Manager		i i i i i i i i i i i i i i i i i i i		ess Street Address		City, State and Zip Code	
MGRM	GOMEZ,	JOSE		2152 8	SW 1:	2TH STREE	T	IMAIM	FL
MGRM	RIVERO	O-PEDREGAL,	LUIS	2152 8	SW 1	2TH STREE	T	IMAIM	FL
q			!						
}								q	22

11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther 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.

SIC	ANE	TU	RE:
~	41 T		

SIGNALLY AND LOIS RIVERD 4-251 (205) 416-6565

SIGNALLY AND LOPED ON PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGERI

Date

Despired. Floring #