


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 <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 APR 27 AM 9:01 <i>mtm</i> 4/29	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L97000000511		1a. Principal Place of Business Address	
C.R.A. INVESTMENT GROUP, L.C. 3038 NORTHWEST 82ND AVE MIAMI FL 33122				3038 NORTHWEST 82ND AVE MIAMI FL 33122	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/12/1997	
City & State		City & State		3a. State of Formation	
Zip		Zip		FL	
Country		Country		4. FEI Number	
				not operating so far	
				5. Date of Last Report	
				6. Certificate of Status Desired	
				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				88.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent/Office		
AMERILAWYER CHARTERE, D 343 ALMERIA AVENUE CORAL GABLES FL 33134			Name Cid Abreu		
			Street Address (P.O. Box Number is Not Acceptable) 3038 N.W. 82nd Avenue		
			Suite, Apt. #, etc. 800002510748--5		
			City Miami		
			-05/09/2000 01050-015 **FL 188.75 33122 *** 188.75		
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 <i>CID ABREU</i> DATE 4-23-98 (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MEM	ABREU, CID	3038 NORTHWEST 82ND AVE		MIAMI FL	
MEM	ABREU, MARINA G	3038 NORTHWEST 82ND AVE		MIAMI FL	
MEM	ABREU, RAMIRO A	3038 NORTHWEST 82ND AVE		MIAMI FL	
MEM	ABREU, MARINA	3038 NORTHWEST 82ND AVE		MIAMI FL	
MEM	ABREU, TATIANA	3038 NORTHWEST 82ND AVE		MIAMI FL	
MEM	GARCIA, FERNANDO H	CALLE GINEBRA, QTA GRACIEL		CALIFORNIA SUR, CARA	

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:

SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4-23-98 305-591-1622