Filmon or before May 1, 1998 or Limited Liability Company will be Ct to a \$ 400.00 LATE FEE SECRETARY OF STATE DIVISION OF CORPORATIONS LIMITED LIABILITY C 98 APR 28 AM 8: 52 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #** L97000000667 1a. Principal Place of Business Address IMPFLOR, L.C. 701 BRICKELL AVENUE #2150 701 BRICKELL AVENUE #2150 MIAMI FL 33131 MIAMI FL 33131 3. Date Organized or Qualified 3a. State of Formation 06/18/1997 Applied For City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zip Country -05/12/38--01013--002 7. Name and Address of Current Registered Agent ***1000.00 GUTIERREZ, NICOLAS J JR Street Address (P.O. Box Number is Not Acceptable) BARNETT TOWER #2150-701 BRICKELL AVENUE MIAMI FL 33131 City Zip Code 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 poth, 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 City, State and Zip Code 10, Title Managing Members/Managers **Business Street Address** MGRM INVERPALMAS LTDA., BRICKELL AVENUE MIAMI FL BRICKELL AVENUE #215 MGRM FLORES DE APOSENTOS . MIAMI FL 701 BRICKELL AVENUE #2150 MGRM AGROINDUSTRIAL TEUCA, MIAMI FL MGRA Gutiérrez, Dr., Esp., Nicolas J. 1101 Brickell Ave., 1400 Miami, FL -05/12/98--01013---001 BK 4/28/98 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: