File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT FILED Secretary of State 1999 DIVISION OF CORPORATIONS 99 APR 12 PM 3: 45 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 # 19700001370 SEGNETANT OF STAT TALLAHASSEE, FLORIDA HUESO GRANDE TRADING COMPANY, L.C. 1a. Principal Place of Business Address 513 FLEMMING STREET 513 FLEMMING STREET KEY WEST FL 33040 KEY WEST FL 33040 3. Date Organized or Qualified 3a. State of Formation 12/09/1997 FL 2. Principal Place of Business 2a. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 4. FEI Number Applied For 65-0798799 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country 07/29/1998 \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office AMERILAWYER, Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 FLEMING ST 100002842551---9 -04/16/99--01091--005 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. Thereby accept the appointment as registered agent, and accept the obligations 4-8-95 DATE SIGNATURE. 10. Title Managing Members/Managers **Business Street Address** City. State and Zip Code MGR BOISONAULT, JOHN 513 FLEMMING STREET KEY WEST FL MGR SMITH, MARSHALL L 513 FLEMMING STREET KEY WEST FL 12-15-99 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. 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 emprovered 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:

INHSE10 R (12-98)