

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
99 MAR 17 AM 8:17

FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name and Mailing Address of Limited Liability Company ARANGO & GARCIA-MORERA, L.L.C. 1414 PONCE DE LEON BLVD. CORAL GABLES FL 33134	DOCUMENT # L98000000127
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1a. Principal Place of Business Address 1414 PONCE DE LEON BLVD. CORAL GABLES FL 33134
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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3. Date Organized or Qualified 01/30/1998	3a. State of Formation FL
4. FEI Number 65-0818109	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent GARCIA-MORERA, ENRIQUE J 1414 PONCE DE LEON BLVD. CORAL GABLES FL 33134
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8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL
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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 _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Board of Agent Signature is not required when appointing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	GARCIA-MORERA, ENRIQUE	1414 PONCE DE LEON BLVD.	CORAL GABLES FL
MGRM	ARANGO, ELSA M	1414 PONCE DE LEON BLVD.	CORAL GABLES FL

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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: *Katherine Harris* 03-18-99 (205) 649-6449