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

FILED
99 MAR 17 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # L98000000127

1. Name and Mailing Address of Limited Liability Company

ARANGO & GARCIA-MORERA, L.L.C.
1414 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

1a. Principal Place of Business Address

1414 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

3. Date Organized or Qualified: 01/30/1998

3a. State of Formation: FL

4. FEI Number: 65-0818109
☐ Applied For
☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired
$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

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

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: Registered Agent Signature Required When Filing Alone)

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: _____ 03-18-99 (305) 649-6489
SIGNATURE AND TYPE OR PRINT NAME OF MANAGER, MANAGING MEMBER OR MANAGER DATE Daytime Phone #

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