


2nd and File on or before Sept. 29, 1999 or Limited Liability Company
FINAL NOTICE: will be dissolved.

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| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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|--------------------------------|--|
| FILING FEE \$ 588.75 | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE |
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|---|--------------------------------|
| 1. Name and Mailing Address of Limited Liability Company | DOCUMENT # L98000000173 |
| DE LAMADRID, LLC APARTADO POSTAL 3658 SANTA DOMINGO DOMINICAN REPUBLIC | |

FILED
99 SEP 30 PM 3: 01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| 1a. Principal Place of Business Address |
| APARTADO POSTAL 3658 SANTA DOMINGO DOMINICAN REPUBLIC |

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|---|--|-------------------|
| 2. Principal Place of Business 1375 N.W. 89 Ct Suite, Apt. #, etc. # 11 City & State Miami, FL Zip 33172 | 2a. Mailing Address Brickell Key Dr. Suite, Apt. #, etc. Apt 1516 City & State Miami - FL Zip 33131 | Country U.S.A. |
|---|--|-------------------|

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| 3. Date Organized or Qualified 02/11/1998 | 3a. State of Formation FL |
| 4. FEI Number 98-0181765 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Date of Last Report | 6. Certificate of Status Desired <input type="checkbox"/> See 7a Additional Fee Required |

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| 7. Name and Address of Current Registered Agent | 8. Name and Address of New Registered Agent/Office |
| MORRIS, RICHARD L JR NATIONSBANK AT INTERNATIONAL PLACE 100 S.E. SECOND STREET, SUITE 3850 MIAMI FL 33131 | 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 reinstating)

| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
|-----------|---------------------------|----------------------------|--------------------------|
| MGR | DE LAMADRID, ANGEL | APARTADO PPOSTAL 3658, SAN | DOMINICAN REPUBLIC |

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-10/05/99--01075--013
****588.75 ****588.75
9/28/99

11 I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (f), 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: Lamadrid Date: 9/28/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Daytime Phone #