
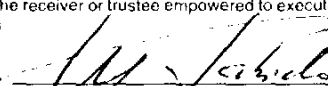


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 APR 23 AM 8:22

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE \$ 188.75</b> <b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1 Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L98000000184</b> LEPANTO INTERNATIONAL LC C/O JURI MAGISTER CORPORATE SERVICES 80 SW 8TH STREET, SUITE 2077 MIAMI FL 33130		1a. Principal Place of Business Address C/O JURI MAGISTER CORPORATE 80 SW 8TH STREET, SUITE 2077 MIAMI FL 33130	
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 <b>02/13/1998</b>	3a. State of Formation <b>FL</b>
		4. FEI Number <b>65-0812126</b>	<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 <b>AGRAMUNT, LUIS</b> <b>80 E 9TH STREET, SUITE 2077</b> <b>MIAMI FL 33130</b>		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) <b>300002858069</b> Suite, Apt. #, etc. <b>04/30/99 01053-007</b> <b>****188.75 ****188.75</b> City      Zip Code <b>FL</b>	
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 _____	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MBR	TRANSATLANTICA DE IN,	#927 CALLE 7, AVENIDA 9 &	SAN JOE, COSTA RICA
MBR	INTERVENTO INVESTMEN,	P.O. BOX 3321, ROAD TOWN	TORTOLA, B.V.I.
MBR	WESTMORE LIMITED	P.O. BOX 3321, ROAD TOWN	TORTOLA, B.V.I.
PRES	MANUEL SABIDO	3500 COLLINS AVE.	MIAMI BEACH, FL 33140
VIP	LUIS CHICO	3500 COLLINS AVE.	MIAMI BEACH, FL 33140
SEC	MANUEL SABIDO	3500 COLLINS AVE.	MIAMI BEACH, FL 33140
TRES	MANUEL SABIDO	3500 COLLINS AVE.	MIAMI BEACH, FL 33140
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: 		MANUEL SABIDO PRESIDENT      4 20 99      305-6048885	