
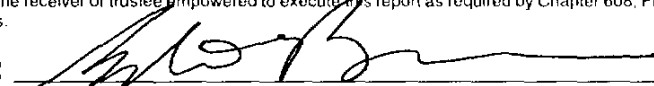


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000002179 CONTINENTAL PACIFIC CAPITAL, L.C. 1221 BRICKELL, SUITE 900 MIAMI FL 33131		1a. Principal Place of Business Address 1221 BRICKELL, SUITE 900 MIAMI FL 33131	
2. Principal Place of Business 1221 Brickell Suite, Apt. #, etc. 900 City & State MIAMI FL Zip 33131 Country USA	2a. Mailing Address SAME Suite, Apt. #, etc. City & State Zip Country	3. Date Organized or Qualified 10/08/1998 4. FEI Number 65-0867742	3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Name and Address of Current Registered Agent CASTILLO, ALVARO B P.A. 1390 BRICKELL AVENUE, SUITE 200 MIAMI FL 33131		8. Name and Address of New Registered Agent/Office Name SAME Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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 _____ <small>(If registered Agent Accepting Appointment, attach Registered Agent Signature required when new company)</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	BARR, EDWIN C	3109 GRAND AVENUE, SUITE 4	MIAMI FL 100002867911-5 -05/07/99--01121--006 *****8.75 *****8.75 100002867911-5 -05/07/99--01121--007 *****8.75 *****8.75
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:  EDWIN C BARR 305 854 4633 April 27 1999			