LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS				99 NAY -3 PH 2: 22				
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE  1. Name and Malling Address DOCLIMENT # * * * * * * * * * * * * * * * * * *					inte			
DOCUMENT # L98000002920  BELLA VISTA EMPORIUM, L.C. 3480 S.W. 146 TERRACE MIRAMAR FL 33027				1a. Principal Place of Business Address 3480 S.W. 146 TERRACE MIRAMAR FL 33027				
2 Principal Place of Business 2220 NW 82 ONINUE 2220 NW 82 ONINUE				3. Date Organized or Qualified 3a. State of Formation				
2220 NW 82 GYENU C Suile, Apt. #, etc.	Suite, Apt. #, etc.	o D Civity		11/30/1 4. FEI Number	998	FL	Applied For	
City & State  Miami Floring Country  1160	City & State  Miami  Zip	Country	·····	65-088 5. Date of Last R			Not Applicable ate of Status Desired onal Fee Required	
33/22   0500 7. Name and Address of Curre	nt Registered Agent	U50		lame and Address	of New Regis	lered Agent	/Office	
OROZCO, LIZETTE 3480 S.W. 146 TERRACE MIRAMAR FL 33027	350	Marco Malventano Street Address (P.O. Box Number is Not Acceptable) 3500 SW 146 Trce, Suite, Apt. #, etc.						
1 ^		City  M;	ram	ar)	FL	Zip Code 33(	 527	
9. Pursuant to the provisions of Sections 608 1 its registered office or register d agent, or both, in as registered agent, and account the saligations.  SIGNATURE	the State of Florida. Such chang	ge was authorized b	oy affirmat	ive vote of a majorit	bmits this state of the member DATE	ment for the s. Thereby ac	purpose of changing cept the appointment	
10. Title Managing Members Manag	*	ent signature required white Business Street		)	City	State and Z	ip Code	
MGR MALVENTANO, FRAN	ICESCO 3480 S	s.w. 146	TERF	RACE	MIRAM	AR FL		
MGR URDANETA, VIVIAN	3480 8	3480 S.W. 146 TERRACE			MIRAMAR FL			
MGR MALVENTANO, MARC	3480 5	3480 S.W. 146 TERRACE			MIRAMAR FL			
MGR OROZCO, LIZETTE	3480 \$	5.W. 146	TERI	tACE -	-MIRAM	AR FL	<del></del>	
				90	000000 -057) ****	2868 [0/99 :188.75	3809 01006001 ****183.7	
11. I do hereby certify that the information supplied indicated on this annual report is true and accural limited liability company or the receiver or trustee	and that my signature shall h	have the same lega	l effect as	if made under oath	that I am a ma	naging meml	ber or manager of the	