


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 <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAY -3 PM 1:00 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			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L98000003188		1a. Principal Place of Business Address	
INTERAMERICAN REALTY GROUP L.L.C. <del>881 OCEAN DRIVE, UNIT 21A</del> <del>KEY BISCAYNE FL 33149</del>				<del>881 OCEAN DRIVE, UNIT 21A</del> <del>KEY BISCAYNE FL 33149</del>	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
2050 CORAL WAY		2050 CORAL WAY		12/15/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. State of Formation	
SUITE 502		SUITE 502		FL	
City & State		City & State		4. FEI Number	
MIAMI, FL		MIAMI, FL		65-0883056	
Zip		Zip		5. Date of Last Report	
33145		33145		FIRST TIME	
Country		Country		6. Certificate of Status Desired	
U.S.A		U.S.A		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
AMERILAWYER, 343 ALMERIA AVENUE CORAL GABLES FL 33134		Name			
		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>(Registered Agent Accepting Appointment) (If Not Registered Agent sign on the back of this form)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	CORREA, LUIS F	881 OCEAN DRIVE, UNIT 21A		KEY BISCAYNE FL	
				9000002871869 -05/11/99--01083--011 ****188.75 ****188.75	
				5-10-99	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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: <i>Luis F. Correa</i>		LUIS F. CORREA		4-27-99 305-868-7133	