


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 # L98000003241			
CHEMSOL FLORIDA, L.C. 1372 NW 78 AVENUE MIAMI FL 33126		1a. Principal Place of Business Address 1372 NW 78 AVENUE MIAMI FL 33126			
2. Principal Place of Business 815 N.W. 57 TH AVE.		2a. Mailing Address 815 N.W. 57 TH AVE.		3. Date Organized or Qualified 12/17/1998	
Suite, Apt. #, etc. SUITE 405		Suite, Apt. #, etc. SUITE 405		3a. State of Formation FL	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA		4. FEI Number 65-0882168	
Zip 33126		Country USA		5. Date of Last Report	
				6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent CUEVAS, ANDREW ESQ. CUEVAS & RUBIN, P.A. 9200 S. DADELAND BLVD., SUITE 603 MIAMI FL 33156				8. Name and Address of New Registered Agent/Office 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) (NOTE: Registered Agent's signature required when re-instating)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	TARACHE, GETULIO SUARE	1372 NW 78 AVENUE		MIAMI FL	
MGRM	GONZALEZ CLORALT, MARL	1372 NW 78 AVENUE		MIAMI FL	

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: _____

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #