

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001963
 1. Entity Name
ALFERCA MIAMI, L.L.C.

FILED
00 JAN 27 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
 C/O KARP & GENAUER, P.A.
 2 ALHAMBRA PLAZA SUITE 1202
 CORAL GABLES FL 33134

Mailing Address
 C/O KARP & GENAUER, P.A.
 2 ALHAMBRA PLAZA SUITE 1202
 CORAL GABLES FL 33134-5237



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number
65-0935329

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
ALHAMBRA REGISTERED AGENTS, INC.
C/O KARP & GENAUER, P.A.
2 ALHAMBRA PLAZA SUITE 1202
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME	<input type="checkbox"/> Delete
MGR FERNANDEZ, FEDERICO URB LA VINA CALLE PAEZ 107-50 QTA TALISMAN REPUBLIC OF VENEZUELA	<input type="checkbox"/>
MGR ORTEGA, GERMAN URB ALTOS DE GUATAPARO AV LAS TRINCHERAS REPUBLIC OF VENEZUELA	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

10. ADDITIONS/CHANGES	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
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	<input type="checkbox"/>

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*******50.00 *****50.00**

11. I 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 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.

SIGNATURE: FEDERICO FERNANDEZ **1/24/2000** **3056821768**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)