

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90012 025 ****55.00

DOCUMENT # M03000001674							
1. Entity Name BEBAL LTDA C.I.							
Principal Place of Business CALLE 78 #4-63 OF 202 BOGOTA, COLOMBIA,			Mailing Address CALLE 78 #4-63 OF 202 BOGOTA, COLOMBIA,				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 98-0401103 <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For							
Not Applicable							
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent MARTINEZ, DIOGENES C 18331 PINES BLVD. SUITE 223 PEMBROKE PINES, FL 33029			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>				
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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP BECERRA, GERMAN CALLE 78 #4-63 OF 202 BOGOTA, COLOMBIA,	<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BALEN, INES CALLE 78 #4-63 OF 202 BOGOTA, COLOMBIA,	<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOECERRA, INES 1900 LIBERTY AVE. APT. 210 MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete					
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: GERMAN BECERRA April 20, 2004 (593)-5637252							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE							