
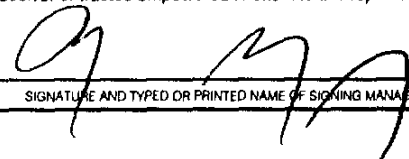


**FILE NOW: Fee after May 1, will be \$588.75**

<b>LIMITED LIABILITY COMPANY ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>		<b>APPROVED AND FILED</b>  1997 MAY -1 AM 10:36  <b>SECRETARY OF STATE TALLAHASSEE, FLORIDA</b>	
<b>FILING FEE</b> \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company  <b>GARGIULO MEXICO, L.L.C. 15000 OLD US 41 NORTH NAPLES FL 33963</b>		<b>DOCUMENT #</b> M96000000445		1a. Principal Place of Business Address  15000 OLD US 41 NORTH NAPLES FL 33963	
<small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.</small>					
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country		2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country		3. Date Organized or Qualified 11/12/1996 DE  3a. State of Formation  4. FEI Number 51-0362519 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable  5. Date of Last Report  6. Certificate of Status Desired <input type="checkbox"/> SR (if Additional Fee Required)	
7. Name and Address of Current Registered Agent  ALHAMBRA REGISTERED , AGENT 2 ALHAMBRA PLAZA, SUITE 1202 CORAL GABLES FL 33134			8. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City Zip Code <b>FL</b>		
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 signature required when reinstating)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	GARGIULO, JEFFREY D	15000 OLD US 41 NORTH		NAPLES FL	
MGR	LELEU, CHRISTIAN	15000 OLD US 41 NORTH		NAPLES FL	
MGR	AUGUSTINE, JIMMY DR.	15000 OLD US 41 NORTH		NAPLES FL	
<b>200002176632--2</b> -05/13/97--01068--001 ****407.50 ****203.75  <i>750 5/12/97</i>					
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.					
<b>SIGNATURE:</b> 		<b>Jeffrey D. Gargiulo, MGR 4/23/97</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>		<small>Date</small>		<small>Daytime Phone #</small>	