		May 1, 1999 or 00.00 LATE FEE		l Liability	Com	ipany will b	e			,	
LIMITE	TY COMPANY REPORT	FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS			FILED 59 MAY -3 PM I2: 57						
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE  1. Name and Mailing Address of Limited Liability Company  DOCUMENT # M9700000068							SECRETATION STATE TALLAHASSEF, FLORIDA				
SKY LATIN AMERICA, LLC ATTN: TAX DEPT. P.O. BOX 900 BEVERLY HILLS CA 90213							18. Principal Place of Business Address 14750 NW 77TH COURT, SUITE 22 MIAMI LAKES FL 33016				
2 Principal Place of Business 2a. N				failing Address			3. Date Organia	red or Qualified	3a. State of Form	nation	
						02/19/1	1997 DE				
Suite, Apt. #, etc.			Suite, Apt #, etc.			4. FEI Number		·	Applied For		
City & State			City & State			NOT APE	PPLICABLE Not Applicable				
Zip Country			Zip Country			5. Date of Last	Report	6. Certificate of S	italus Desired		
							05/04/1	998	\$8.75 Additional Fe	e Required	
	and Address of Current	Agent		8. Name	Name and Address	ss of New Regis	tered AgenVOffice	•			
9. Pursuant to the provisions of Sections 608 416 and 608.508, Florida Statutes, the above-named limited litis registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative as registered agent, and accept the obligations.								Zip Code  FL  I liability company submits this statement for the purpose of changing			
SIGNATURE							d)	DATE :			
10. Title	10. Title Managing Members/Managers		Busines:			ss Street Address		City, State and Zip Code		e	
MGRM	M SESLA, INC.			2121 AVENUE OF THE 14750 NW 77: Suite 220 Miami Lakes, F/ 3			南	LOS ANGELES CA FUNDIN 2871886			
11. Ido 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 true deep empowered to execute his report as required by Chapter 608, biorida Statutes, and that my name appears in Block 10, or on an attachment with an address.											
SIGN	ATURE	SIGNATUR: AND THE	DOMESTICATION	MAME OF TROMPLE	9KK MANAGEZI	E15H MMHRCHMADIAN	4	1/23/99	(310)36	9-1557	

INHSE10 R (12-98)